

AC. 472



REPORT  
OF THE  
CITY MEDICAL OFFICER  
CITY OF DUBLIN  
FOR THE YEAR 1954

BY  
JAMES A. HARBISON, M.D., D.P.H., M.P.H.  
*City Medical Officer.*

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DUBLIN :  
PRINTED BY SEALY, BRYERS & WALKER  
1955

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*“ Sound health is our greatest personal and national asset, men, women and children possessing bodily vigour, alert mind, firm character and self control.”*

—NEWSHOLME

## P R E F A C E

Municipal Buildings,  
Dublin.

J. P. KEANE, ESQ.,

City Manager and Town Clerk.

I have the honour to present my Annual Report on the health of the City of Dublin during the year 1954.

The various sections of this Report are intended to set out for the citizens of Dublin an account of the activities of the Services organised for their benefit. Only by the wise use of these services will they be improved and expanded, and their operation add to the happiness of our citizens by the prevention of disease and the preservation of health.

The following Vital Statistics for the year 1954 have been furnished by the Registrar-General. The population figure given is that according to the Census of Population 1951, although the boundaries were extended in 1953. This may show some figures very slightly higher than if they were reckoned on a population including the added area, and make comparison with previous years not absolutely, if very nearly, correct.

### VITAL STATISTICS.

	1954	1953
Population .....	522,183	522,183
Births (Registered) .....	16,452	16,155
Births (assigned to mothers normally resident in Dublin County Borough)	12,988	12,463
Birth Rate .....	24·9	23·9
Deaths (all causes) .....	5,420	5,219
Death Rate .....	10·4	10·0
Deaths of Infants under 1 year .....	449	484



Infant Mortality Rate	....	35	39
Stillbirths	....	576	552
Deaths from Tuberculosis			
(all forms)	....	236	268
Deaths from Pulmonary			
Tuberculosis	....	208	234
Deaths from Cancer	....	823	796

The above figures show comparison with the previous year, and on these figures one might add comment under some headings. The figure for Cancer mortality continues to steadily increase. A glance at Table I shows that the figure has increased from 332 in 1926 to 823 in 1954. This subject (with special reference to lung cancer) was fully discussed in last year's report. The increase is international, and further analysis of causes, and measures to aid early diagnosis must point the way to such action as may be undertaken in a Public Health programme.

The birth-rate shows an increase from 23·9 to 24·9. In Dublin the number of notified births for 1954 was 17,740, whilst the figure for registered births (corrected as far as possible according to the residence of the mother) was 12,988. This shows that the number of births to mothers other than normal residents of Dublin was 28% of the total births. How much of neo-natal death rate (especially in the first week) attributed to Dublin may have occurred among infants of mothers from other areas, especially when difficult confinement may have been anticipated, it is difficult to compute, but it may be assumed that some of the neo-natal deaths occurring and registered in Dublin were the infants of mothers who came to Dublin for confinement, and in at least some cases anticipated difficult confinement.

The death rate for Dublin is returned as 10·4 compared with 12·1 for Ireland (26 Counties). The deaths of infants under one year have fallen from 484 in 1953 to 449 in 1954, giving an Infant Mortality Rate of 35, as compared with 39 in 1953. Whilst 1952 recorded a phenomenal drop from 45 (1951) to



Table No. I—Table showing Annual Rate of Mortality, and Deaths from Certain Causes, City of Dublin, 1926—1954.

	Annual Rate of Mortality		Total Deaths	Deaths under One Year	Infant Mortality Rate	Typhus	Typhoid	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Diarrhoeal Diseases	Dysentery	Tuberculosis		Cancer	Pneumonia	Diseases of Respiratory System
	From all Causes	From Principal Epidemic Diseases												Pulmonary	Other Forms			
1926 ...	15.8	1.5	4,999	1,049	118	1	5	54	20	37	54	291	—	424	150	332	406	658
1927 ...	17.1	1.5	5,416	996	122	1	5	61	2	197	60	144	1	533	123	328	650	758
1928 ...	15.0	1.3	4,791	845	103	—	3	171	0	15	44	174	2	466	112	368	391	566
1929 ...	16.0	1.0	5,103	866	107	1	1	3	8	83	56	159	—	443	113	353	520	864
1930 ...	15.0	0.9	6,161	1,031	98	—	1	86	7	66	77	151	—	586	162	471	606	787
1931 ...	15.9	1.2	6,562	977	94	—	4	223	19	31	72	144	—	617	197	439	773	828
1932 ...	15.6	1.1	6,536	1,067	102	—	14	42	24	121	82	190	2	551	144	481	638	890
1933 ...	15.3	0.9	6,405	891	83	—	9	72	9	42	110	152	—	584	157	478	696	851
1934 ...	13.6	0.7	5,748	578	79	—	11	11	4	88	76	124	—	570	144	544	521	491
1935 ...	15.2	1.0	6,506	1,067	93	—	2	87	18	18	89	203	—	565	164	527	665	703
1936 ...	15.0	1.3	6,996	1,337	115	—	11	90	66	57	110	254	—	602	137	540	662	754
1937 ...	14.9	1.0	7,023	1,231	106	—	1	46	26	73	84	242	—	565	156	563	636	891
1938 ...	13.3	0.8	6,355	1,144	98	—	2	37	22	33	92	214	—	558	135	581	586	550
1939 ...	13.3	0.8	6,403	1,036	90	—	7	51	5	26	84	209	—	568	148	585	431	601
1940 ...	14.5	0.7	7,065	1,039	92	—	3	23	7	43	56	233	—	636	153	584	437	785
1941 ...	14.1	1.3	6,903	1,339	118	—	4	32	5	38	54	506	—	610	151	582	368	555
1942 ...	14.0	1.3	6,855	1,311	105	—	6	17	6	72	56	465	—	762	162	626	374	434
1943 ...	14.5	1.5	7,268	1,617	128	—	3	5	7	63	84	609	—	733	174	631	385	453
1944 ...	14.1	1.3	7,141	1,509	125	—	8	47	—	39	74	513	1	604	195	643	406	451
1945 ...	14.0	1.3	7,036	1,424	114	—	3	5	—	30	36	557	5	643	181	622	381	396
1946 ...	13.2	1.0	6,690	1,266	96	—	2	13	—	43	13	461	—	594	176	602	338	349
1947 ...	14.1	0.8	7,253	1,194	88	—	—	22	—	120	5	282	1	651	193	648	448	436
1948 ...	10.9	0.2	5,660	624	48	—	2	12	2	16	1	80	4	573	117	666	247	277
1949 ...	11.3	0.4	5,969	828	65	—	1	18	4	47	—	132	—	455	86	731	326	311
1950 ...	11.0	0.15	5,894	609	48	—	—	19	2	15	1	41	—	390	96	707	258	296
1951 ...	11.9	0.09	6,219	575	45	—	—	10	—	16	—	22	—	367	67	728	333	311
1952 ...	10.1	0.07	5,261	439	34	—	—	9	2	4	—	19	—	259	48	743	236	344
1953 ...	10.0	0.09	5,219	484	39	—	—	11	1	12	—	28	—	234	34	796	224	322
1954 ...	10.4	0.06	5,420	449	35	—	—	11	—	2	4	24	—	208	28	823	228	321



34 (1952) it was hardly to be expected that, in all the circumstances this could be maintained. Considering the figures for the previous 10 years, as set out in Table I, it is very satisfactory to find that when the neo-natal causes in Infant Mortality, which now form an ever increasing majority of infant deaths under twelve months, are set out, that deaths from prematurity, and to some extent from other causes, show a reduction, but much remains to be done. Despite the facilities offered by the three Maternity Hospitals and St. Kevin's Hospital Maternity Unit, more ante-natal supervision and the realisation of the necessity of this supervision by the mothers to whom it is afforded, is necessary. Our young mothers, through the advice of our Health Visitor Service, are seeing more and more the necessity of ante-natal care from the realisation of conception until birth, but we must make the facilities for such ante-natal supervision readily and easily available, not only to those mothers attending regularly our ante-natal clinics, but to those mothers who under their family physicians are also receiving competent ante-natal care and supervision. Facilities also for special care in maternity when and where required and for neo-natal infants not otherwise coming within the present ambit of our scheme, must be provided. Dublin does not lack the talent to implement such a broad scheme of maternal <sup>AND</sup> neo-natal hygiene. Its implementation must be worked out by the collaboration of the obstetrical and paediatric leaders in our profession in this City with the Central and Local Authorities who share with them the ambition to demonstrate what these specialist services have done and can do to preserve maternal and infant life.

The figure for stillbirths is 576 as compared with 552 in 1953 and 588 in 1952. It will thus be seen that despite much valuable research, mainly in our three major Maternity Hospitals, into foetal and infant pathology and its relation to maternal condition, its application has not, as yet, shown in the stillbirth figure. In previous reports I have referred to the fact that stillbirths are not registered, and it was satisfactory in this regard to read in that recent excellent



contribution of Dr. J. Deeny, Chief Medical Adviser, Department of Health, on Peri-natal Mortality in Ireland that "it is hoped soon to introduce a method by which information on this important matter may be made available." Having considered the advantages and disadvantages of Dublin as compared with the country as a whole, a figure of 2,345 is accepted as a fair estimate of stillbirths for the latter. The figure for peri-natal deaths in 1954 is given as 3,360, leaving a figure of 1,015 for neo-natal deaths, so that the ratio of neo-natal deaths to stillbirths is even worse for the country as a whole than in Dublin.

Earlier reference was made to the reduction in the number of deaths certified as due to prematurity. Further investigation of the associated causes should in Dublin reduce the figure under this heading, and in doing so point to measures for its prevention. Prematurity, after all, is the definition of the relationship of the foetus to the date of delivery. It is to-day insufficient reason in itself for acceptance as a cause of death. History is said to record one or two instances of great men who were premature infants.

As to the other causes of neo-natal mortality, congenital malformations would seem to show a higher percentage than in other cities. The work of Coffey and Jessop points to the need for further investigation under this heading. Detailed discussion of such causes as haemolytic disease, toxæmias, natal factors, and acute infections of the new-born are outside the province of an Annual Report, but investigation of these and other cognate problems must afford scope for further research by our Maternity Hospitals, encouraged where and when possible by Central and Local Authorities. By the application of the results of such research with, of course, the co-operation of the mothers for whose benefit it is being pursued, may we hope to see a further saving of those early infant lives, whose loss has been such a deep grief to the mothers who have borne them.

St. Clare's Hospital continues to be an important factor in our programme of infant care, where many



infant lives have been saved in dealing with those early infections, the importance of which has been increasingly emphasised.

### INFECTIOUS DISEASES.

The following is a summary of the cases of Infectious Diseases notified in Dublin County Borough in 1954 :—

	1954	1953
Acute Anterior Poliomyelitis	20	28
Cerebro-Spinal Meningitis	22	25
Diarrhoea and Enteritis	459	908
Diphtheria ....	17	—
Dysentery ....	39	22
Encephalitis Lethargica	—	1
Erysipelas ....	80	118
Infective Hepatitis ....	119	200
Influenzal Pneumonia ....	17	32
Measles ....	3,847	3,433
Ophthalmia Neonatorum	—	1
Paratyphoid B ....	—	2
Puerperal Sepsis ....	3	6
Rubella ....	87	334
Scabies ....	173	259
Scarlet Fever ....	532	620
Tinea Capitis ....	39	92
Typhoid ....	4	—
Whooping Cough ....	419	2,203

In regard to the above figures, it will be noted that the figure for Diarrhoea and Enteritis (notifiable under two years of age) is approximately half of that for the previous year, but even this figure gives an exaggerated idea of the prevalence of acute infective enteritis, as many of the notified cases when admitted to hospital were not confirmed. The importance of diarrhoea as a symptom in infants, an understanding of the various causes which may give rise to it, and a clearer picture of the symptomatology and pathology of acute infective enteritis among notifying medical practitioners might help to achieve more accurate diagnosis and notification. This, we hope, the expansion

of paediatric teaching will achieve. The fear each summer, with the existing housing and general social conditions in parts of our City, of a return in epidemic form of this virulent disease is ever present.

One of the most unpleasant features in the Infectious Disease notifications is the reappearance of Diphtheria, of which there were 17 notifications with 4 deaths. This has probably been due to a false belief by parents that because the incidence of the disease has fallen, the necessity for the immunisation of their children had lessened. The figures for preceding years had perhaps encouraged this belief even among some practitioners, for the previous 5 years those figures being 98, 21, 4, 5, 2, 0. However, the reappearance of the disease, among the non-immunised and in most cases in the serious or gravis form, has shown that efforts to maintain the immunity level must never be relaxed, and that it is incumbent on **all** parents to see that **all** their children are protected. Efforts were made in the Spring of the year when the majority of these cases (with three deaths) occurred to increase immunisation by press and radio propaganda, but the increase achieved faded, and the disease returned in the Winter quarter of 1954 and the first quarter of 1955, again emphasising, if indeed such were necessary, the need for protection. The figures in Dr. Corboy's report show that the combined immunisation against whooping cough and diphtheria helped to attract many parents, owing to the prevalence of the former disease during 1953 and early 1954, when over two thousand cases of whooping cough occurred. It is hoped now that the whooping cough epidemic has abated, that this combined immunisation will prevent its recurrence.

The prevalence of Measles in 1953 was repeated in 1954, and epidemics of this disease which formerly had a cycle of two and a half to three years, now seem to occur almost annually. Here specific immunisation cannot be so definitely offered, and although the use of immune globulin did help in some institutional epidemics, a more specific and readily available antigenic agent is desirable.



Table No. II—Table showing the number of Notifications of Infectious Diseases, City of Dublin, 1926—1954.

	Typhus.	Typhoid.	Diphtheria.	Scarlet Fever.	Cerebro-Spinal Fever.	Continued Fever.	Encephalitis Lethargica.	Erysipelas.	Ophthalmia Neonatorum.	Pneumonia.	Puerperal Sepsis.	Dysentery.	Malaria.	Diarrhoea and Enteritis.	Measles.	Whooping Cough.	Acute Anterior Poliomyelitis.	Trachoma.	Peniculus Neonatorum.
1926 ...	1	28	475	614	—	1	.	79	2	230	8	—	—	.	.	.	—	.	.
1927 ...	1	26	440	386	—	12	.	59	7	246	12	1	—	.	.	.	—	.	.
1928 ...	4	24	407	638	—	8	—	73	7	201	8	—	—	.	.	.	—	.	.
1929 ...	1	15	500	430	3	7	—	55	6	256	11	—	1	.	.	.	—	.	.
1930 ...	—	28	646	435	4	6	6	31	—	334	5	—	—	.	.	.	—	.	.
1931 ...	—	26	634	1,015	3	—	5	55	—	289	10	—	—	.	.	.	—	.	.
1932 ...	2	96	862	1,082	8	1	1	105	1	253	12	—	—	.	.	.	—	.	.
1933 ...	—	49	1,073	714	6	—	5	117	—	196	12	—	—	.	.	.	—	.	.
1934 ...	—	38	983	661	15	1	1	128	—	134	15	—	—	.	.	.	—	.	.
1935 ...	—	22	936	907	19	—	—	158	—	135	23	—	—	.	.	.	—	.	.
1936 ...	—	53	870	1,768	33	—	3	188	1	120	18	—	—	.	.	.	—	.	.
1937 ...	—	44	810	1,075	38	—	2	130	—	156	13	1	—	.	.	.	—	.	.
1938 ...	—	19	958	1,154	25	—	6	148	2	136	15	—	—	.	.	.	—	.	.
1939 ...	—	27	913	761	13	—	4	85	1	151	16	3	1	.	.	.	3	.	.
1940 ...	—	65	720	627	27	—	3	94	11	200	13	1	—	.	.	.	1	.	.
1941 ...	—	53	451	511	34	—	3	117	12	213	18	—	—	.	975	428	8	100	3
1942 ...	—	33	624	678	33	—	2	130	13	358	22	1	1	2,657	1,427	1,423	53	42	1
1943 ...	—	23	1,351	658	38	—	2	163	7	346	15	2	—	2,031	419	586	7	64	1
1944 ...	—	*148	1,330	355	50	1	6	212	3	448	17	8	1	1,279	3,548	1,267	3	47	—
1945 ...	—	14	861	303	20	—	8	207	10	452	14	28	1	1,837	2,112	1,275	19	48	—
1946 ...	—	15	403	341	6	—	1	205	5	767	12	8	—	1,853	798	1,288	21	15	1
1947 ...	—	10	185	476	32	1	—	200	6	633	9	8	1	1,868	3,440	2,293	28	22	—
1948 ...	—	10	98	2,728	33	—	1	219	8	663	9	13	1	1,175	1,558	851	5	9	2
1949 ...	—	1	21	2,601	40	—	—	159	6	621	6	17	—	2,217	3,478	2,512	18	2	1
1950 ...	—	4	4	1,686	32	—	3	181	4	.	2	9	—	625	2,768	1,894	51	8	1
1951 ...	—	—	5	695	32	—	3	129	11	.	3	14	—	930	2,618	1,405	15	5	—
1952 ...	—	—	2	458	33	—	3	133	3	.	7	27	1	623	3,514	2,063	10	10	—
1953 ...	—	—	—	620	25	—	1	118	2	.	6	22	—	908	3,443	2,203	28	2	—
1954 ...	—	4	17	532	22	—	—	80	—	.	3	39	—	459	3,847	419	20	—	—

Dot (.) indicates that the disease in question was not notifiable in that particular year.

\* Includes 83 cases Paratyphoid Fever B.





The threatened influenza epidemic early in 1954 did not develop, and the influenzal pneumonia notifications which are our Index of prevalence fell from 32 to 17.

The figure for Poliomyelitis was 20 as compared with 28 in 1953, and did not show a prevalence in any particular area. The figures under all the other notifiable headings, it will be noted, show a definite reduction, and in some cases such as rubella this was marked.

The new Dublin Fever Hospital at Cherry Orchard has now been designated the Regional Hospital for several Counties as well as Dublin for the admission and treatment of Poliomyelitis. Here special arrangements for up-to-date orthopaedic treatment with physiotherapy and re-habilitation training, and an associated Central Remedial Clinic for patients after discharge are supplying a valuable addition to our programme of Infectious Disease provision.

Four cases of typhoid were notified. One contracted the disease while on a continental holiday, another was a patient in a mental Hospital, whilst the remaining two were children of a former typhoid carrier who probably intermittently was causing infection and who was again placed under treatment.

An increase in the incidence of dysentery, although the figures are comparatively small, emphasises the necessity for hygienic handling of food.

The striking reduction in the incidence of whooping cough has, we hope, to some extent been achieved by the combined immunisation with diphtheria.

### TUBERCULOSIS.

The reports of the Resident Medical Superintendents of our Sanatoria and our Medical Officers in the field service show further achievement in our efforts to reduce tuberculous morbidity and mortality. The expansion of institutional therapeutic facilities, which with the opening of the Abbotstown Institution in the present year should deal promptly and effectively



with that bugbear in anti-tuberculosis schemes the "waiting lists," with all its opportunities for infection which the unfortunate patients on those lists inescapably provided. The extension of our Tuberculosis Dispensary service, the steady development of our B.C.G. Service and the expansion of our radiological facilities including mass radiology are reflected in the reports presented by the Medical Officers in charge of them. The latest and lowest record of 236 deaths from all forms of tuberculosis, compares favourably with the figures of the three previous years which were 268, 307 and 434. The end of our tuberculosis problem may now well be said to be in sight. The staffs have had to contend with many difficulties and to their efforts a well deserved tribute must be paid. The efforts within the Anti-Tuberculosis Scheme which are helping to show steady mortality reduction, such as increased institutional accommodation, contact examination, B.C.G. inoculation and mass radiography, all helping in earlier case finding and treatment in earlier stages, must be accompanied by general health care in better housing, improved nutrition, occupational hygiene and recreational facilities.

Dr. Gallen in his report points out that in Dublin, as has been found in other cities, that whilst the figure for mortality is dropping, attendances show no consequent drop in morbidity. Examination of mortality has been showing a steady shift into the later age groups, whilst the drop in total attendances is undoubtedly due in great part to shorter waiting lists and greater facilities for early diagnosis. Dr. Gallen's analysis of waiting lists is a valuable addition to our report.

Dr. Godfrey in his report from Crooksling makes interesting reference to the respective roles of surgery and chemotherapy among the various types of patients coming under his supervision.

Dr. Duffy in his excellent report draws attention to the increased bed accommodation. He stresses rest as the basis of treatment and gives an interesting account of the combinations in chemotherapy which



have been followed in Rialto, where a large field in thoracic surgery was covered. The tables accompanying his report show what intense investigation was made in regard to the patients who passed through Rialto under his very capable supervision.

Dr. MacArdle shows the substantial increase in thoracic surgery which has been carried out in St. Mary's Hospital, which continues to be popular among patients seeking institutional treatment.

Dr. Dunlevy's report is again excellent reading and shows the fruits of the great energy and enthusiasm which she has given to our B.C.G. programme. Despite whooping cough in epidemic proportions, little increase occurred in primary tuberculosis. Much of the whooping cough was milder than usual, and it is hoped that the combined diphtheria and whooping cough vaccination will do much to remove this source of primary tuberculosis. It is gratifying to find that up to 1954 approximately 40,000 B.C.G. vaccinations had been completed and that every effort is still being made to expand this important branch of our field preventive services.

Dr. Magan's report of Mass Radiography shows that through this service which carried out 65,375 miniature X-ray examinations (which incidentally can be carried out rapidly without clothing disturbance) 387 cases and 789 suspected cases of pulmonary tuberculosis were discovered. This service, as the report shows, continues to expand and deals in a special clinic with non-tuberculous X-ray findings.

The present year has seen the opening of the new James Connolly Memorial Sanatorium at Abbotstown and this we hope will be the last addition necessary for the institutional provision of pulmonary tuberculosis. In fact, we may hope that ultimately this new institution will, through the decline of demand for its beds from the Tuberculosis Service, find alternate purpose in Public Health provision. If we are to further reduce morbidity and mortality, and we must do so, it will be achieved not merely by the renewed efforts of the highly skilled technical staffs devoted



to our Anti-Tuberculosis service, but by the improvement of all the services, educational, nutritional and environmental, which a modern Public Health Department must foster.

### GERIATRICS.

The increasing number of citizens in the age group of 65 and over is presenting a problem which communities must add to the others which modern civilization has created. Happily many are active and are still in employment or financially in a position to indulge their hobbies and provide the comforts of home, but a growing number become and remain unproductive, and much more than old age pension schemes will be required to afford them the comforts to which in the autumn of their lives they feel entitled. They have paid much indirect taxation over many years, and as a rebate and not as a charity, the State owes them some provision. Their needs are usually simple. Privacy, companionship, and some medical and nursing care, especially for those who find poverty and loneliness their constant companions. Valuable work is being done by the Irish Red Cross Society, who are endeavouring to expand their programme in this respect, whilst the Dublin Board of Assistance, on which must fall provision for the aged homeless, are making laudable efforts to meet this problem. In answer to those who feel that this should be entirely a family problem, let us remember the old proverb "It was never the kitten's habit to take its mouse to the old cat."

### CHILD HEALTH SERVICES.

The re-organisation of Child Welfare Services and School Medical Service as a combined Child Health Service was a very onerous task assigned to Dr. O'Brien, who willingly undertook it, and who, despite the many alterations and innovations involved by the Health Act and its consequent Regulations, has firmly



consolidated and unified this Service. Dr. O'Brien's contribution has ever been an outstanding and vital feature of this Annual Report, and again this year, she has brought to bear on her survey that clear thinking, sound judgment, and above all, that deep human understanding of child life in all its phases, which makes her work such an asset as a fundamental in our Public Health programme. She rightly stresses the importance of nutrition in the ante-natal period, in referring to the extent of anaemia among pregnant mothers, and again urges the importance of breast feeding. There must, of course, be a definite connection between these two questions, although even in healthy mothers there is not the perseverance in breast feeding which should be afforded by such mothers to their infants. Modern social conditions and the ready availability of alternatives do not help.

Dr. O'Brien's tribute to Voluntary Agencies I gladly endorse. In her report on School Medical Service, Dr. O'Brien welcomes the very necessary additions to the Dental Service, and emphasises the importance of attention to defects of hearing and speech. It is pleasant to record an extension of this Service, an extension which we hope to see continued in the near future.

#### SANITARY SERVICES.

The title hitherto applied to the Services covered by the Chief Health Inspector, his Supervising Health Inspectors, and the Special and District Health Inspectors who comprise the personnel of this Department is outmoded, as the word sanitary, so important in the earliest efforts in environmental regulation, has now by common use a very limited interpretation, and I prefer to refer to them as the District Health Services.

The Service is one which requires constant adjustment to meet the application of the legislation, general and local, which makes demands on it. In dividing the City into Districts and allotting a whole-time



District Health Inspector to each District, it has been our object to reduce specialisation as far as possible, and encourage the District Health Inspector to undertake all the duties which environmental supervision calls for from a Health Inspector. Thus not only is he still primarily an inspector of nuisances, but his inspection is extended to housing conditions, supervisions of foodstuffs from production to sale, care of water supplies, drainage and refuse disposal, investigations into industrial conditions and the many minor additions which recent health legislation has consigned to him. The Supervising Health Inspectors have amply demonstrated the wisdom of making these appointments, as they have not only ensured adequate inspection and supervision, but by impressing on their District units the importance of the educational side of their work, and encouraging them to develop those qualities so necessary in their dealings with the public have improved the general standard of service in this Department.

The Chief Health Inspector in his report sets out the details of the work of his team, in which the supervision of food handling in the enforcement of the Food Hygiene Regulations must play an increasingly important part, as the uneasy increase in the small spasmodic outbreaks of food poisoning indicate. Whilst everything is done by encouragement and education to improve hygienic provision in premises and personal cleanliness in workers, there are still many recalcitrant offenders for whom prosecution is necessary. On the whole, the Chief Health Inspector and his Supervising Health Inspector are to be congratulated on the effective operation of a Department which is becoming of steadily increasing value to our community.

#### INDUSTRIAL HYGIENE.

The hygienic control of industries, especially the more newly established ones has provided the Health Authority with the task of constant supervision, so that a satisfactory standard of occupational and en-



vironmental hygiene may be maintained. In this supervision our Inspectors must deal with several matters concerning the health and comfort of the workers, such as investigation of nuisances arising from trade effluents and effluvia discharged from industrial premises. Their investigations must extend to boiler-house practice to combat the emission of excessive smoke, to the larger food processing factories, and in fact to all food handling within factories. They must work in close co-operation with the Factory Inspectors, and with the other Departments (e.g. Fire Brigade and Town Planning) having a direct interest in industrial development.

### HOUSING.

Despite the highly concentrated efforts of Dublin Corporation who have spent since 1931 £27,543,289 and provided 36,594 new homes as houses or flats the housing problem of Dublin remains acute. Yet few social problems have been subjected to such thorough examination not merely recently, when yet another Survey (concentrating primarily on the central city area between the two Canals) is in progress, but by a series of Departmental and Local Committees of Inquiry and Special Reports. The concentration on the central city area as the hard core of the problem is due to the fact that the Dublin housing problem is and has been so intimately associated with the occupation of the tenement house, where for some generations back the bulk of the labouring class, and much of the artisan class have made their homes. These tenements, with which even for a capital city we are afflicted with more than our fair share, are now old, wearing out and rapidly decaying, and cannot but degrade and demoralise their occupants. Here where poverty and unemployment may add to the slum misery, where privacy does not exist, where rest for to-morrow's task is impossible, and sickness when it comes, finds poor resistance, is fostered the slum mind which is the negation of all social progress.



True social progress must be based on a healthy race reared in healthy homes, and much of the effort in other directions by central and local government to maintain health, will be more or less successful in accordance with the success achieved in making available healthy, happy homes.

We look to the present survey to point the way to further slum clearance and re-development consonant with the requirements of modern living. The process must be costly, and must be gradual, carefully guided in planning by detailed studies of priorities. In re-planning, not only will the question of sites to be allocated for housing purposes and their relation to existing and proposed industrial activity, require full consideration, but the type of housing to be constructed in the allocated sites. Will the Survey show that there is more need of building central flats than providing further suburban houses? The lack of main drainage such as that in the area to be served by the Howth Main Drainage Scheme, has temporarily sterilised areas where further housing schemes might be promoted, and whilst suburban housing schemes, providing home and small garden in semi-rural surroundings may be a better proposition for young families, the distance from city centre with its transport and other problems, will still leave the demand heavier for central city accommodation. The question then to be considered, is not only where the flats may be situated, but what form will they take. If high density building is to be undertaken, can that be confined to central city, or can we develop high density building in suburban areas without unduly loading transport and other services? On all these points we hope the existing Survey will help towards decisions with well-founded information, but there can be no easy or early solution to Dublin's housing problem, which for some years to come will call for further careful expenditure, adjustive legislation and wide education of the community for whom such strenuous efforts have been made to evolve an adequate housing service.

## ACCOMMODATION PROVIDED—YEAR 1954.

	1R	2R	3R	4R	5R	TOTAL
COTTAGES :						
Finglas East ... ..	—	—	6	12	—	18
Walkinstown ... ..	—	—	36	100	14	150
Rathfarnham ... ..	—	—	74	294	—	368
Ballyfermot (Sec. 3) ...	—	—	54	416	52	522
do. (Sec. 4) ... ..	—	—	52	138	—	190
St. Annes ... ..	—	—	—	—	220	220
TOTAL COTTAGES	—	—	222	960	286	1,468
FLATS :						
North Strand Flats ...	—	4	10	20	—	34
Dolphin House ... ..	—	88	88	48	—	224
O'Devany Gardens ...	—	48	56	104	—	208
TOTAL FLATS	—	140	154	172	—	466
RECONDITIONING :						
Summerhill ... ..	3	5	9	8	—	25
York St. (Sec. 1) ...	6	12	—	—	—	18
TOTAL RECONDITIONING	9	17	9	8	—	43
GROSS TOTALS ...	9	157	385	1,140	286	1,977

Total Number of Dwellings provided by Dublin  
Corporation to 31/12/54 ... .. 36,594

## GENERAL.

The detailed activities of the various services are set out under their respective divisions. I take this opportunity of expressing my sincere thanks to all the staffs, and their Chiefs, in each of the divisions for their zeal and loyalty during the year. To the City Manager, the Assistant City Manager, under whose direction the Health Services are administered, and the chief officials of the other Corporation departments, I can never be sufficiently grateful for their co-operation and help during 1954.

J. A. HARBISON,  
City Medical Officer.



## MATERNITY AND CHILD WELFARE.

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*“ There was a child went forth every day,  
And the first object he look'd upon that object  
he became,  
And that object became part of him for the day or a  
certain part of the day,  
Or for many years or stretching cycles of years . . . ”*

WALT WHITMAN.

The Maternity and Child Welfare Service Scheme established by the Dublin Corporation twenty-six years ago, has continued in operation during the year 1954. The Mother and Child Sections of the Health Act, 1953, replaced earlier legislation, and on the 1st August, 1954, the regulations governing the scheme for medical etc. care for mothers and infants, were put into operation. During the interval which elapsed prior to obtaining General Health Services Card, it was necessary to assess the income level of mothers who came to Child Welfare Clinics ; such procedure was not required in accordance with the School Health Examination and Treatment Service. The mothers, on the whole, accepted the new conditions with the most praise-worthy courtesy and patience, and it is a tribute to the manner in which the Doctors, Nurses and Clerical staff of the Child Welfare Clinics carried out their duties that the change over on the 1st August was not unduly felt. The mothers have now come to accept the altered conditions. The staff of the Public Health Department, too, were most helpful and understanding in granting an extension of the time limit for registration for General Medical Services Card.

Perhaps the greatest change since 1st August has been that more children are being fed on liquid milk than heretofore, but the numbers of mothers and



children coming to Child Welfare Clinics has diminished. The mothers are being looked after by the Medical Practitioners in accordance with the Mother and Child Health Services Regulations, 1954, as well as by the Ante-Natal Departments of the Rotunda, Coombe, Holles Street and St. Kevin's Hospitals. Mothers' teeth continue to be treated by the Corporation Dental Service which also provides the treatment for children of pre-school and school age. The provision of milk for expectant and nursing mothers is governed by the Milk for Mothers and Child Regulations, 1954, and the arrangements for dinners under the auspices of the Catholic Social Welfare Conference continued to afford enormous benefit to the mothers of the City.

#### PRE-NATAL.

The report on the investigation into the health of pregnant women, Coombe Hospital, 1954, was disquieting. It showed an incidence of Anaemia which cannot lightly be dismissed. The incidence of prematurity with its high mortality rate cannot be divorced from the results of the Investigation carried out in the Ante-natal Departments of our City Maternity Hospitals, and we would stress the need for adequate Nutrition during the whole period of pregnancy.

#### HOME VISITING.

The Nurses on the staff of the City Mother and Child Health Service scheme visit all the babies in the city after the sixth week of life. The expansion of the City and the increase in the population has necessitated an increase in the nursing staff of the Child Welfare Department, and it is a matter for sincere congratulation the manner in which the Health Visitors carry out their work. Home visiting in the congested areas in the City centre or in blocks of flats, is easier than house to house visiting in the outskirts of the city. But the nurses carry out their duties in the most cheerful, gentle and careful manner, knowing what a boon it is for families who had to live in one room in



a tenement, now to have a house and garden of their own in Ballyfermot, Finglas or Crumlin West, even though it necessitates longer journeys and takes up more time. During the past year the nurses laid particular emphasis on the need for inoculation against Diphtheria and Whooping Cough, and thus persuaded many mothers to take their children to the Clinics for inoculation. They carried out Moro testing also, and arranged for the necessary X-ray of positive reactors. They also supervised cases suffering from sequelae of Infantile Paralysis, and undertook home visiting of Trachoma Cases, under the Trachoma Scheme.

#### CHILD WELFARE CLINICS.

There are thirty-one Child Welfare Clinics held each week in the Dublin County Borough, including Howth, at various centres, mornings and afternoons. Families are allocated to the centres which are most convenient to their homes. In accordance with the Health Act, 1953, children now attend up to the age of six years, unless they have begun to go to school. Doctors, nurses and clerical staff are present at the Clinics, to examine the babies and to advise the mothers. Regular weighing is carried out and the nurses interview personally each mother who comes, for they know one another perhaps over a period of years, and the mothers will confide in the Nurses. Extra Nutrients, Calcium, Cod Liver Oil preparations and Vitamins are provided at the Clinics. Moro testing is done and the prophylactic sessions against Diphtheria and Whooping Cough are held on the clinic days, so that the mothers do not have to undertake unnecessary journeys to the Clinics. The new Health Centre at Crumlin was opened during 1954, and is gradually becoming a focus for all the various health activities under the Public Health Scheme. Ultra Violet Light treatment is given at the Carnegie Clinic and in Killarney Street, and the E.N.T. and Orthopaedic Clinics continue to be held in the Carnegie Building. These latter Clinics are staffed by Specialist Consultants. The provision of Child Welfare Clinics



for the Finglas area is still awaited. All the various possibilities were explored during the past year in order to bring the Child Welfare Service nearer to the large number of families moved to the new housing estate in Finglas. We sincerely hope that buildings will soon be available to serve the residents of both Finglas and Cabra.

Moncrieff has stated as follows—"Mothers of large families find considerable difficulty in bringing the most recently arrived member of the family to Welfare Centres. It is clear that the group of regular attenders contain a high proportion of conscientious mothers. The essential weakness of a system based upon the effort on the part of the mothers is that the feckless and less satisfactory ones do not participate." This is again an argument in support of Newsholme's fundamental statement that home visiting is primary, and everything else secondary in infant welfare work.

#### NUTRITION.

The most disappointing aspect of child care is the small number of babies who are breast fed nowadays. Milk is provided for pregnant and nursing mothers, so that they may be enabled to feed their children, and yet they very rarely continue to do so for more than a very short period. The benefits of breast feeding are stressed by Doctors and Nurses, and yet there seems to have grown up some extraordinary outlook by which mothers come to believe that it is all nonsense, and they bottle feed the baby thinking that it will be just as healthy and as robust as the one who is fed naturally. With such widespread belief among the city mothers it is difficult to assess exactly the cause of this mass of opinion, and one deplores that conditions of modern life should perhaps be responsible for a falling off in the incidence of breast feeding. The lowering of the infantile mortality rate which has been such a remarkable feature of our city during the past thirty years still continues. Prematurity and congenital defects constitute the highest proportion of all the deaths recorded. Modern advances in saving



child life has resulted in the survival of many sickly children who would have died in the early years of this century. These children have to be cared for, and their health fostered and tended in order to enable them to attain even a minimum standard of health, and therefore the numbers of children one sees nowadays with congenital defects seems relatively higher than heretofore. The general standard of cleanliness is higher. The better houses provided by the Dublin Corporation has done more for the health of the city children than any one single factor, and also the better methods of food handling and the pasteurisation of milk, less flies and less horse traffic—all these have improved the environment under which infants and young children are reared nowadays. There is still, however, unemployment and poverty and parental ill-health, and it is inevitable that this will react adversely on child nutrition.

#### TREATMENT OF DEFECTS.

When babies and children are found to need treatment for any special defect at a Child Welfare Clinic, they are recommended to the City Hospitals or Convalescent Homes, and we are deeply indebted to the staffs of all the City Hospitals for the treatment afforded, often of a highly specialised nature and necessitating emergency measures, perhaps even night and day supervision. Debilitated children show a marked improvement after a stay in one of the various Convalescent Homes, Open-air Hospitals or Orthopaedic Hospitals. For that too we extend to the staffs a very special word of gratitude.

#### DENTAL.

The dental treatments continue to be carried out at Cornmarket Central Clinic and at the Child Welfare Centres at Howth, Killarney Street, Keogh Square and Crumlin. The Curlew Road Dispensary is also utilised as a dental clinic.

## REPORTS.

The records of the year's work sent us by the Paediatricians attached to the three Maternity Hospitals and by the Resident Medical Officer, St. Clare's Hospital for Sick Infants and Children under two years of age, are included in the record of the year's work. We gratefully acknowledge the receipt of these reports and thank most sincerely the Masters of the Maternity Hospitals and the Paediatricians, also the Resident and Visiting Staff of St. Clare's Hospital, all of whom have contributed so largely to the decline in the death rate of mothers and babies and to the improvement in health.

## VOLUNTARY ORGANISATIONS.

We thank very specially all the Voluntary Services in Dublin which have helped mothers and children, spiritually, psychologically and materially. The demands made upon them each year continue to increase, yet they meet them all generously and courteously. Our debt of gratitude to the City Hospitals and to all the various societies which have done such excellent work throughout the year is gratefully acknowledged. To Dr. Harbison, City Medical Officer, to the Doctors, Nurses and Clerical Staff of the Child Welfare Department we offer our warmest thanks.

INFANT MORTALITY RATE FOR 1954 .... 35

## PRE-NATAL CARE AT CITY MATERNITY HOSPITALS.

Hospital	No. of Patients	No. of Attendances
Coombe Lying-in ....	3,080	16,000
National Maternity, Holles Street ....	4,303	13,840
Rotunda .....	4,085	30,351

## BIRTHS—CITY MATERNITY HOSPITALS.

No. of Deliveries—Intern ....	11,376
No. of deliveries—Extern ....	3,695



No. of Maternal Deaths—Intern	....	15
No. of Maternal Deaths—Extern	....	3
Maternal Death Rate per 1,000—Intern		1.3
do do do —Extern		.812
No. of Infant Deaths—Intern	....	380
No. of Infant Deaths—Extern	....	95

#### NOTIFICATION OF BIRTHS.

No. of Infants visited by Public Health Nurses	....	11,648
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#### HOME VISITING BY PUBLIC HEALTH NURSES.

Total No. of mothers, infants and children under 6 years of age on Public Health Nurses' Registers	....	78,339
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Average No. of Families etc., on each Public Health Nurse's Register on 31st December, 1954, excluding families in Districts of Baldoyle and Howth :—

Families	....	629
Infants	....	276
Children	....	798
Total No. of visits to Mothers, Infants and Children	....	262,059
No. of special visits	....	5,455
„ „ Measles cases visited	....	1,850
„ „ Pertussis cases visited	....	949
„ „ Stillbirths visited	....	134

#### CHILD WELFARE CLINICS.

1,474 Clinics were held during the year, at which the total numbers of attendances were :—

Mothers	....	95,735
Infants	....	37,700
Children	....	50,927

The number of Medical Consultations at these Clinics was :—

Mothers	....	35,111
Infants	....	22,306
Children	....	27,921

## SICK BABY CLINICS.

490 Clinics were held during the year, at which the total number of attendances was 5,276.

## SPECIALISTS' CLINICS.

## Orthopaedic :—

No. of sessions .... 46

No. of attendances by

(a) Pre-School Children .... 524

(b) Post Poliomyelitis Cases .... 236

## Ear, Nose and Throat :—

Number of sessions .... 204

No. of attendances .... 1,350

## ULTRA VIOLET LIGHT CLINICS.

254 sessions for the treatment of children suffering from Rickets or Debility were held during the year—187 sessions at Carnegie Centre, 67 sessions at St. Joseph's, Killarney Street. The number of attendances was :—

Carnegie Centre .... 2,724

St. Joseph's,

Killarney St. .... 1,642

## ANTI-DIPHTHERIA &amp; WHOOPING COUGH IMMUNISATION CLINICS.

	Under 1 year	1 to 5 years	5 years and over
Number of children whose course of immunisation was completed during 1954 ....	1,718	2,801	3,195
Number of Booster In- jections ....	—	—	4,473



### “ MORO ” TESTS.

No. of children “ Moro ” tested ....	7,799
No. of children “ Moro ” positive .....	74
No. who received B.C.G. injections .....	1,774

### TRACHOMA CASES :—

Notifications .....	—
Active .....	19
Contact .....	143
Suspect .....	8
Quiescent .....	23
Attending Hospital for treatment .....	20
Unable to attend .....	1
Refusal to attend .....	4
Discharged .....	1

### HOSPITAL TREATMENT.

Hereunder are particulars of the number of children who received Interim Treatment :—

#### Medical :—

#### Heart and Lungs :—

U.R.T.I. ....	6
Asthma ....	8
Stridor ....	1
Bronchitis ....	67
Pneumonia ....	11
Rheumatic Heart Disease ....	2
Cardiac Disease ....	1

#### General :—

Anaemia ....	30
Enteritis ....	32
Malnutrition ....	19
Coeliac Disease ....	9
Marasmus ....	1
Convulsions ....	7
Meningitis ....	1
Meningismus ....	1
Nephritis ....	2
Adenitis ....	2

Tapeworm	....	....	....	3
Pyelitis	....	....	....	6
Pinks Disease	....	....	....	3
Rectal Prolapse	....	....	....	2
Balanitis	....	....	....	1
Tetany	....	....	....	1
Observation and Investigation	....	....	....	84

## Surgical :—

Phimosis	....	....	....	94
Hernia	....	....	....	36
Tongue Tie	....	....	....	1
Neoplasm	....	....	....	2
Hydrocoele	....	....	....	1
Cysts	....	....	....	6
Pyloric Stenosis	....	....	....	3
Furunculosis	....	....	....	1
Fractured Skull	....	....	....	1

## Orthopaedic :—

Club Foot	....	....	....	22
Congenital Dislocation of Hip	....	....	....	7
Congenital Defect of Spine	....	....	....	1
Sprengel's Shoulder	....	....	....	1
Fragilitas Ossium	....	....	....	1
Genu Valgum	....	....	....	2
Rickets	....	....	....	3
Torticollis	....	....	....	2
Hip Deformity	....	....	....	5
Deformity of Legs	....	....	....	3
Foot Deformity	....	....	....	9
Deformity of Hands	....	....	....	4
Perthes Disease	....	....	....	2
Hemiplegia	....	....	....	1
Post-Polio	....	....	....	2

## Eye :—

Strabismus	....	....	....	20
Cataract	....	....	....	5
Dacryo-Cystitis	....	....	....	3
Corneal Ulcer	....	....	....	1
Conjunctivitis	....	....	....	4
Ptosis	....	....	....	2



## Ear, Nose and Throat :—

Enlarged Tonsils and Adenoids	432
Sinusitis ....	5
Otitis Media ....	4
Defective Hearing ....	3
Mastoid ....	2
Malformed Ear ....	2
Otorrhoea ....	1
Nasal Obstruction ....	1
Throat Abscess ....	1
Pharyngitis ....	1

## Skin :—

Naevus ....	15
Eczema ....	3
Angioma ....	2
Psoriasis ....	1
Burns ....	1
Dermatitis ....	4

## Congenital Defects :—

Cleft Palate ....	6
Hypospadias ....	1
Harelip ....	5
Imperforate Anus ....	1
Congenital Heart ....	2

Cerebral Palsy .... 3

Treated in Extern Dept. .... 53

## Ant. Poliomyelitis Sequelae :—

No. of patients treated in Extern Departments ....	49
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## CONVALESCENT HOME TREATMENT.

235 children who were suffering from malnutrition, debility etc., and in need of period in Convalescent Home were admitted during the year to the various institutions approved under the Scheme.

## APPLIANCES FOR MOTHERS AND CHILDREN.

No. of Orthopaedic Appliances supplied	257
No. of Repairs to Appliances ....	255
No. of Spectacles supplied to children under 6 years of age who attend Child Welfare Clinics ....	267
No. of Repairs to ditto ....	113
No. of Elastic Stockings and Crepe Ban- dages supplied ....	147
No. of Trusses supplied ....	3

## FREE MILK SCHEME.

No. of pints of milk supplied to children under 5 years of age	1,705,263
No. of pints of milk supplied to Expectant Mothers ....	32,115
No. of Expectant Mothers who received milk ....	725

## CATHOLIC SOCIAL SERVICE CONFERENCE.

No. of meals supplied to Expectant and Nursing Mothers ....	177,815
No. of pints of milk supplied by the Conference to Expectant and Nursing Mothers ....	176,471
No. of Mothers carried to Mater- nity Hospitals by Ambulance Service ....	527

CATHERINE O'BRIEN,

M.B., D.P.H., B.SC. (P.H.)

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Dental Service.

In the year 1954 there were 11 Dentists working in the Dental Service of the Dublin Corporation. This number included 5 Dentists in Cornmarket, 1 in Keogh



Square, 1 in Killarney Street and Howth, 1 in Curlew Road, 2 in Old County Road, and 1 for the Tuberculosis Service (St. Mary's, Ballyowen, Rialto and Crooksling Sanatoria and the Clinic in Charles Street).

There was an increase of 3 Dentists from the year 1953. In the year 1953, 13,820 mothers and pre-school children attended the Clinics. In 1954, 9,305 mothers were treated and 3,188 examined, 1,512 pre-school children were treated and 1,482 examined. There were 536 fillings done for mothers and 1,083 Dentures supplied. The decrease in the number of attendances was possibly due to the introduction of the 1953 Health Act which came into operation on the 1st August, 1954.

In 1953 the total number of school children treated was 19,309, and 16,646 attended for examination. In 1954, 34,956 school children attended for treatment, and 14,319 for examination. The number of school children treated was almost double that of 1953. The increase in the number of fillings done from 988 in 1953 to 5,467 in 1954 is worthy of note, but there is still much room for improvement. This increase will depend on the rapidity with which new Clinics can be established.

There were three new Clinics opened during the year 1954—one in Curlew Road and two in the Health Centre, Old County Road, all of which have been very well attended. In addition to the usual treatment at a Dental Clinic there are General Anaesthetic sessions held in Old County Road on two afternoons each week.

The Dentist in the Curlew Road Clinic hopes to commence supplying Dentures in the near future. This will be of great advantage to the mothers in the Crumlin/Drimnagh area, as it will save considerable time and bus fares.

There were two whole-day clinics held in Howth every week up to the middle of the year when this was reduced to two half-day clinics. The reduction in the number of clinics was made because of the small

number of attendances. It is hoped to correct this by School Dental Inspection in the coming year.

The number of Mothers, Pre-School and School Children attending the Clinic in Keogh Square continues to be satisfactory.

The attendance in Killarney Street is much the same as in 1953. School Children are now receiving treatment and fillings are also being done. There is a great shortage of Dental Clinics on the North side of the City. At the moment Killarney Street and Howth are the only Clinics serving that area.

Dr. Nagle and Dr. Gilmartin, the two visiting Anaesthetists, give General Anaesthetics every morning in Cornmarket, and two afternoons a week in Crumlin. Last October, Medical Gases Ltd. installed a dental gas pipe-line unit in Cornmarket, which, they informed me, was the first and still is the only unit actually working in Eire. This apparatus saves time, labour and money, and is much appreciated by the Anaesthetists.

The opening of a Dental Clinic in Larkhill is under consideration, and I hope that by summer, 1955, it will be in operation. Cabra, Finglas, Donnycarney and Ballyfermot are areas in which Dental Clinics are urgently needed and I am hoping to establish them as soon as suitable accommodation can be obtained.

On the termination of the Dental Hospital Agreement on the 1st July, 1954, a second Clinic was opened in Old County Road, to cope with the cases which had previously been catered for in the Dental Hospital. Whilst we are most grateful to the Dental Hospital for all the good work they have done for us in the past, it is very gratifying to note that we are now in a position to treat these cases ourselves.

G. HYLAND,

Chief Dental Officer.



## DENTAL CLINICS—Attendances.

	Mothers	Pre-School Children	School Children
Cornmarket ....	4,593	1,037	18,811
Keogh Square ....	1,068	108	4,599
Curlew Road ....	736	133	3,650
Howth ....	113	—	334
Killarney Street ....	2,229	8	1,484
Crumlin ....	566	226	6,078
	9,305	1,512	34,956

## DENTAL TREATMENT.

Dental Treatment	Mothers	Pre-School Children	School Children
Attendances ....	9,305	1,512	34,956
Extractions :			
Local Anaesthetic	7,292	190	29,898
General Anaesthetic ....	4,224	3,849	17,585
Fillings ....	536	18	5,467
Scalings and Dressings ....	1,626	213	4,679
Examinations ....	3,188	1,482	14,319
X-Ray ....	—	—	20
Dentures Supplied	1,083	—	—

## DENTAL HOSPITAL.

The following is a summary of the work done on our behalf at the Dental Hospital during the period 1st January to 30th June, 1954.

## Extractions :

Local Anaesthetic ....	347
General Anaesthetic ....	2,525
Fillings ....	2,573
Dressings and Scalings	1,736
X-Rays ....	134

## St. Clare's Hospital.

This is the Fifth Annual Report of St. Clare's Hospital, which covers a period of twelve months from January to December, 1954.

During the period under review, there were 770 Admissions, as compared with 761 in 1953 and 600 in 1952. The Mortality rate was 3·3% as compared with 1·8% in 1953 and 2% in 1952. Of the 26 deaths, 13 died within twenty-four hours of Admission. Nine Post-Mortems were performed.

Admissions were, as usual, babies under two years of age, with suspected Gastro-Enteritis (although other Medical cases were admitted where alternative Hospital accommodation was not available). The actual number of confirmed cases of Gastro-Enteritis was very few. As will be seen, the vast majority of cases were diagnosed as Upper Respiratory Tract Infection, ranging from mildest degree to extreme Toxaemia. All had Vomiting and Diarrhoea as their presenting symptoms. The Diagnosis of Gastro-Enteritis was confined to those cases with severe Toxaemia, Vomiting and Diarrhoea, and no evidence of Infection elsewhere.

Babies were referred for admission from the Baby Clinics, Children's Hospitals and Out Patients Departments, the Paediatric Units of the Maternity Hospitals, Dispensary Doctors and Private Practitioners. All babies when discharged were referred to the Welfare Clinics in their own area.

On admission, these babies underwent a period of isolation and observation before being transferred to a General Ward. Strict Barrier Nursing was enforced throughout the Hospital. There was no incident of cross infection. The majority of cases of Infectious Fevers were transferred to Clonskeagh Fever Hospital.

The total number of cots was 82, the cot occupancy was nearly 100% for the year. The average stay of a baby in hospital was 6 weeks. Our slackest month was during September, and our busiest months were June, July and November.



Antibiotics and Intravenous therapy were the chief forms of treatment. Aureomycin remained the drug of choice, succeeding where other forms of therapy failed. Intravenous therapy was only used in cases of severe dehydration and Toxaemia. Intravenous Aureomycin or Terramycin were most effective in cases of severe Toxaemia.

R. POWER, M.B., B.CH., B.A.O.,  
Acting R.M.O.

A diagnostic analysis of the 770 admissions revealed the following :—

Acute Upper Respiratory Tract Infection ....	467
Otitis Media ....	69
Pneumonia ....	24
Marasmus ....	27
Dietetic Vomiting and Diarrhoea ....	46
Infectious Fevers ....	23
Salmonella Infection ....	15
Thrush ....	21
Gastro-Enteritis ....	3

#### MISCELLANEOUS CONDITIONS :—

Prematurity, Anaemia, Stomatitis, Primary T.B., Staphylococcal Septicaemia, Impetigo, Scurvy, Rickets, Meningitis (B.Coli, Meningococcal and Pneumococcal) Mongolism with Congenital Heart Disease, Infantile Eczema, Neo-natal Sepsis, Rhesus Incompatability, Congenital Syphilis, Post Encephalitic Parkinsonism, Pyloric Stenosis, Pylorospasm, Cerebeller Tumour and Intussusception.

#### AN ANALYSIS OF THE MORTALITY SHOWED :—

U.R.T.I. Toxaemia and Congenital Malformations ....	1
U.R.T.I. and Toxaemia ....	2
Subdural Abscess and B. Coli Meningitis	1
Gastro-Enteritis ....	3
Convulsions with status Lymphaticus ....	1
Broncho-Pneumonia ....	4

Marasmus with terminal Broncho-Pneumonia	....	....	....	....	2
Broncho-Pneumonia with Mongolism and Congenital Heart	....	....	....	....	1
Virus Pneumonia	....	....	....	....	2
Pneumonia and Empyema	....	....	....	....	1
Prematurity with Broncho-Pneumonia	....	....	....	....	2
Astrocytoma of the Cerebellum with Internal Hydrocephalus	....	....	....	....	1
Congenital Debility	....	....	....	....	2
Fibrocystic Disease of the Pancreas	....	....	....	....	1
Friederichsen Waterhouse Syndrome	....	....	....	....	1
Prematurity	....	....	....	....	1

### Coombe Lying-in Hospital.

(PAEDIATRIC DEPARTMENT).

It is felt that a report on the working of the Paediatric Department should include—

- (a) Information relating to its activities.
- (b) Vital statistics.
- (c) Causes of death.
- (d) Information relating to each of the major causes of death.
- (e) Examination, in some detail, of some special problem or problems in our work.
- (f) Some information on morbidity. As the neonatal mortality falls, we must analyse in more detail, the incidence of various disorders and their prevention. The greater part of our work concerns the treatment of non-fatal disorders. The headings are not the same in each hospital. For example, in another hospital, "Extern mortality" includes all deaths of infants who have been discharged from the hospital, even if they were born within the hospital and re-admitted to the paediatric department. Our interpretation of "Extern mortality" is deaths among



babies who were born on the district. Both are good methods, but we are not comparable. It is hoped that standards will have been agreed upon by all three hospitals before the next report.

The term "neonatal deaths" includes all infants dying within 30 days of birth (see Obstetrical Report). Under separate headings we will show Previaible deaths and deaths after 30 days. For the first time, we will include the details of extern cases not born under the hospital service, but admitted as emergencies.

#### STATISTICS.

Total no. of clinic attendances (examination by doctors) ....	9,956
Total no. of nurses' district visits ....	11,383
Total no. of admissions to Paediatric Unit	752
Live births in hospital 2,136 }	
Live births on district 1,158 }	
Total births ....	3,294
Neonatal deaths among viable infants :—	
(a) born in hospital 64 }	
(b) born on district 22 }	
Total neonatal deaths among viable infants ....	86
Neonatal death rate ....	2.6%
Stillbirths (90 intern and 28 district)	118
Stillbirth rate ....	3.5%
Previaible infants ....	30
Previaible deaths ....	27

The greatest part of the mortality (about  $\frac{2}{3}$ ) occurred in the first 48 hours of life. The smaller the infants, the greater the early mortality.

#### PREMATURITY.

There were 257 prematures plus 30 previables, a gross premature incidence of 13% of the total live births.

The incidence in district cases is uncertain, since the infants are not weighed. 48 were admitted to the Unit and found to be  $5\frac{1}{2}$  lbs. or less.

There were 32 deaths among the prematures, 12 of which were infants born on the district. Since the exact number of district prematures is not known, a rate for these cannot be estimated, but the death rate among hospital born prematures was 8·8%.

If previables are included (there were 23 deaths among previables born in the hospital) the gross premature and previable death rate was 17·2% (209 hospital born prematures plus 25 hospital born previables).

The corrected premature death rate has been designed to show the efficiency of nursing and medical care of normal prematures. It excludes all previables, all hopeless congenital deformities and all deaths within 48 hours of birth which latter might be classified as obstetrical deaths.

There were 27 previable deaths.

There were 17 deaths within 48 hours of birth.

There were 7 deaths from hopeless congenital deformities.

Total to exclude	....	....	....	23
“ Normal ” prematures who died	....	....	....	18
Corrected premature death rate	....	....	....	3·1%

The social class of the parents of premature infants is discussed under the heading of poverty.

The death rate among prematures from anoxia, asphyxia, atelectasis or other causes of respiratory embarrassment was 18 out of 32 deaths i.e. 56·2% of all premature deaths.

Four of the premature deaths were due to intracranial haemorrhage, two of these were born by Caesarian section, 1 forceps and 1 breech. Confirmation of diagnosis was carried out by post-mortem in 5 cases.

There were no deaths from haemolytic disease among prematures.



## PREVIABLES.

Previable babies are all those who are under 21 lbs. 12 ozs. at birth, or under 28 weeks maturity. The better part of the definition is uncertain.

This group does include, however, all babies who have shown any sign of life, irrespective of maturity (as long as it is under 28 weeks) or weight (as long as it is under 21 lbs. 12 ozs.).

It includes 2 of 21 weeks, 2 of 22 weeks, and 4 of 24 weeks, many of whom only gasped for a few minutes.

There were 30 previable infants, proportionately more than reported in other hospitals in previous years. This raises the question of whether our standards are different, or whether there is actually a larger number of previables born in the Coombe.

There were 27 deaths, a mortality rate of 90%. Eighty-eight per cent. of the deaths in this group occurred in the first 48 hours.

Analysis of the maternal health and delivery reveal the following :—

Cardiac disease	....	....	....	2
A.P.H.	....	....	....	3
Toxaemia	....	....	....	2
Breech presentation		....	....	9
Caesarian Section	....	....	....	3
Grand multiparity	....	....	....	6

Previous abortions plus miscarriages had occurred in the history of 7 mothers, and 5 had had previous neonatal deaths.

None gave histories of previous stillbirths.

The actual cause of death was not always obtained in these cases. There were 3 instances of intracranial haemorrhage, all confirmed by post-mortem examination. One was born by Caesarian Section, one as a breech and one following A.P.H.

There were 8 cases of atelectasis and 7 cases of asphyxia, four of which had both conditions, leaving a total of 11 deaths from anoxia in the previables.

There was an additional death associated with atelectasis in a previable infant who died after the neonatal period. This case is not included in the analysis.

#### HAEMOLYTIC DISEASE.

There were 23 cases of haemolytic disease of the newborn with 2 deaths. These figures are identical with those of last year. The incidence was 1 in 140 deliveries and the mortality was 8.7%.

The mortality was composed of 1 case of hydrops foetalis which lived for 7 minutes and 1 infant admitted from the district aged 2 days.

Treatment was as follows :—

Exchange transfusions plus direct trans-	
fusion	5
Exchange transfusion only	1
Direct transfusions	10
No transfusion--Not possible 2.	} 7
Not necessary 5.	

There was 1 case of kernicterus (in one of the deaths).

There was 1 other case of kernicterus in a premature infant who survived. In this case the kernicterus was not due to Rhesus incompatibility.

None of the mothers was primiparae, six were grandmultiparae. One was having her 16th pregnancy.

History of previous abortions or mis-	
carriages	4
History of previous stillbirths	1
History of previous neonatal deaths	5

#### CONGENITAL DEFORMITIES.

The following congenital deformities occurred. Many cases had more than one deformity, hence the total is greater than the total number of deaths under this heading.



The list also includes infants who had congenital deformities which did not prove fatal.

Anencephalus	....	....	....	16
Congenital heart disease	....	....	....	5
Spina bifida	....	....	....	8
Hydrocephalus	....	....	....	6
Mongolism	....	....	....	5
Meningocele	....	....	....	1
Multiple deformities of limbs	....	....	....	3
Hermaphroditism	....	....	....	1
Talipes	....	....	....	2
Skull defect	....	....	....	1
				—
Total deformities	....	....	....	48

#### PNEUMONIA.

There were 18 cases of pneumonia, 16 among full term infants and 2 among prematures. There were 96 deaths.

There were 3 deaths from pneumonia complicating thrush. Post-mortem showed the *Ooidium albicans* in the lungs of one. There was 1 death from pneumonia complicating stomatitis, 2 associated with congenital deformities and 1 following atelectasis.

Two of the deaths were re-admissions to the Unit. All the pneumonia deaths except one occurred after several days of life.

#### PYELITIS.

Pyelitis is one of the commonest disorders in the newborn, and is a frequent cause of vomiting, even from the first day of life.

There were 41 cases of pyelitis admitted to the Unit during the year, 29 were full term and 12 were prematures. There was 1 death in the premature group.

We feel that the diagnosis is often missed for the following reasons :—

- (1) The discharge of pus is intermittent.

- (2) The delution of urine is often 40—60 times greater in infants than in adults (in proportion to their size).
- (3) The Pathologist examines only a small part of a specimen and may miss the pus.
- (4) Pain and pyrexia are more likely to occur when pus is accumulating rather than when it is discharging.
- (5) The difficulty of obtaining a specimen.
- (6) Adult standards are applied to infants (so many pus cells per field).

The organisms isolated from catheter specimens were as follows :—

					cases
B. Coli	....	....	....	....	11
Streptococci	....	....	....	....	7
Proteus	....	....	....	....	2
Pyocyaneus	....	....	....	....	1
Staph. Aureus	....	....	....	....	1

Sensitivity tests were done in all cases and the appropriate treatment given. Two cases were not sensitive to any antibiotics.

There was one case of pyelitis complicating a renal defect. Further details of this problem appear elsewhere.

#### THRUSH.

There were 469 cases of thrush during the year. Eight were full term, and 31 were prematures admitted to the Unit. The rest were seen and treated in the O.P.D.

#### ANOXIA.

This continued to be the greatest single cause of Neonatal death. There were 184 cases with 47 full-term, premature and previable deaths. The following



information has been extracted from our records :—

- (a) Sex : 95 male and 89 female.
- (b) Place of birth : 135 hospital, 40 district, 9 elsewhere.
- (c) Mode of delivery : breech ; forceps ;  
Caesarean section ; symphysiotomy ;  
precipitated labour .... 71  
Spontaneous .... 113  
Nineteen of the mothers suffered from tox-  
aemia ; 12 from antepartum haemorrhage  
and 3 from doubtful syphilis. Six of the  
infants were stated to be postmature.
- (d) No antenatal care in 28 cases.
- (e) Mode of delivery : no definite pattern of  
incidence could be elicited.
- (f) There were no birth injuries in these anoxia  
infants.
- (g) The previous obstetrical history showed a  
high incidence of abortions, miscarriages,  
stillbirths and neonatal deaths.

Reduction of mortality from this cause will include expert attention at birth and elimination or reduction of obstetrical and anaesthetic risk to the infant.

#### ADMISSIONS TO UNIT.

Indications for admission to the Paediatric Unit are as follows. The figure in brackets refers to deaths in each category.

Condition	Full-term	Premature	Previabie
Prematurity	....	210 (32)	
Previability	....		29 (27)
Atelectasis ....	23 (8)	30 (17)	8 (8)
Asphyxia plus Anoxia	78 (15)	36 (11)	
Congenital deformities	16 (7)	7 (4)	
Anencephalic	4 (4)	1 (1)	
Cleft Palate plus Lip	2 (0)	1 (1)	

Condition	Full-term	Premature	Previabie
Haemolytic Disease ....	21 (1)		
Pneumonia ....	16 (9)	2 (1)	
Enteritis ....	20 (2)	5 (1)	
Meningitis ....	— —	— —	
Pyelitis ....	29 (0)	12 (1)	
Skin infection or disease ....	19 (0)	9 (0)	
Thrush ....	80 (3)	31 (0)	
Stomatitis ....	16 (1)	5 (0)	
Congenital syphilis ....	4 (0)	0	
Pyloric Stenosis ....	— —	— —	
Infected cord ....	18	3	
Infections of eye ....	37 (2)	9	
Respiratory infections	68 (2)	29	
Mastitis ....	7	—	
Dietetic disorders ....	76	11	
Intracranial haemorrhage ....	15 (5)	7 (4)	3 (3)
Abnormal delivery, etc.			
Forceps ....	50 (4)	11 (2)	
Caesarean section ....	46 (2)	19 (3)	3 (3)
Breech ....	22 (4)	31 (8)	9 (9)
Other ....	10 (0)	5 (0)	
Toxaemia ....	39 (0)	23 (6)	2 (2)
A.P.H. ....	8 (0)	10 (4)	
Placenta Praevia ....	1 (0)	2 (1)	

## POVERTY.

Infant mortality, morbidity and incidence of prematurity are said to be increased by poverty. If this is so, not only should the incidence of these conditions be higher in hospital patients than in private patients (which is an accepted fact) but the incidence should increase as we descend the “social” scale.

Patients are classified according to the occupation



of the father, following the Registrar General's classification of 4 main groups—

- (1) Professional or Commercial (Private patients).
- (2) Skilled workers.
- (3) Unskilled workers.
- (4) Unemployed.

This may be upset by the fact that many unskilled workers earn more than skilled or professional. Furthermore, education, intelligence, size of family, receipt of subsidy may tilt the balance.

It was not possible to find the number of private patients or to divide them from skilled workers, hence these two groups are combined.

Another group has been formed by the illegitimate infants who have no fathers to classify, and who receive less care both before and after birth.

#### Group 1 and 2 (combined)

959 cases out of 3,200—

Constitute 29% of the total births.

Constitute 26% of the total deaths.

Constitute 37% of the total admissions to the Unit

i.e. Constitute 22% of all in this class are admitted for treatment.

The death rate is 9.7% among those admitted.

The premature death rate was 10.9%.

#### Group 3.

Constitute 47% of the total births.

Constitute 48% of the total deaths.

Constitute 37% of the total admissions to Unit.

Constitute 17% of this group are admitted to the Unit.

#### Group 4 (unemployed).

Constitute 17% of the total births.

Constitute 14% of the total deaths.

Constitute 16% of the total admissions to Unit.

Constitute 21% of this group are admitted to the Unit.

#### ILLEGITIMATE.

Constitute 2.4% of the total births.

Constitute 3.0% of the total deaths.

Constitute 2.2% of the total admissions to the Unit.

Constitute 20% of this group are admitted to the Unit.

#### PREMATURITY AND POVERTY.

The mortality from prematurity is as follows in the different social groups.

Groups 1 and 2 (Skilled)	....	....	10.9%
Group 3 (Unskilled)	....	....	19.0%
Group 4 (Unemployed)	....	....	17.1%
Illegitimate	....	....	40.0%

W. C. KIDNEY, M.D., D.P.H., D.C.H.

#### National Maternity Hospital.

(Paediatric Unit)

Total number of Babies Visited	....	2,521
Total number of Visits made	....	12,187
Total number of Admissions to No. 1		153

The total number of babies visited on the district was 2,521, and to these cases the nurses made 12,187 visits. A remarkable achievement for an average number of six nurses, and worthy of our highest praise and appreciation. We feel that the prophylactic value of this visiting cannot be too highly stressed, and we tend to discourage the bringing of infants to the rather crowded environment of an Out-Patient's Department unless absolutely necessary. Most Out-Patient's Departments counter the good work they



do by the spread of infection among healthy babies who should not be there at all.

There were 153 admissions from the district, for the following reasons :—

Intra-cranial haemorrhage	Cong. Deformities
Umbilical Haemorrhage	Breast Abscess
Rh. Incompatability	Atelectasis
Pyloric Stenosis	Prematurity
Cong. Heart	Pneumonia
Septicaemia	Bronchitis
Gastro-enteritis	Observation

Of these 10 died—a mortality of 6·5%. The causes of death were as follows :—

Broncho-pneumonia.  
 Pneumonia with Intra-cranial haemorrhage  
 Pneumonia and Pyelonephritis  
 Pneumonia and Intra-cranial haemorrhage  
 Intra-cranial vascular congestion  
 Pneumonia with Intra-cranial haemorrhage  
 Pneumonia  
 Cong. Heart  
 Mongol  
 Cong. Heart.

There were two deaths on the district—one due to Pneumococcal Meningitis, and one from Septic Meningitis plus Intra-cranial haemorrhage.

There were six babies operated on for Pyloric Stenosis—all successfully.

We would like to record our thanks to the Sister in Charge of the Extern Unit, Sister Bourke and to the Nursing Staff for the high standard of care and nursing they have achieved during the year. Also to the X-Ray and Pathology Department of the Hospital and to the Medical Staff for their never failing help and co-operation towards the work of the extern unit.

C. M. SAUNDERS,

B.SC., M.B., B.CH., B.A.O.

## Rotunda Hospital, Dublin.

### PAEDIATRIC SERVICE.

DR. W. R. F. COLLIS AND DR. P. C. D. MACCLANCY.

The following report deals with (a) The Hospital Nursery serving the Labour Wards. (b) The Paediatric Unit for the admission of Extern cases primarily from the Hospital district. (c) The Paediatric Out-patients Department.

#### HOSPITAL NURSERY.

Here again we are able to report a very satisfactory year. The Nursery serves as a resuscitation department for any infant not immediately breathing, or suffering from birth shock or injury. Apart from this work, its main tasks are the management of the premature infant and the treatment of haemolytic disease.

In the management of birth injury, oxygen and warmth play a primary part, which, if given early enough, will revive the vast majority of infants. Later subdural punctures and other procedures are carried out where necessary. When the new Labour Wards, now under construction, include a special resuscitation department, are finished, this angle of our work will be much easier and more satisfactory.

The treatment of haemolytic disease is still one of the more arduous tasks necessary in this department. Last year 25 exchange transfusions were carried out in the Nursery (13 previous year) with only one death in premature baby, and having nowhere to admit it.

In this department another 10 exchange transfusions were carried out without a single death, bringing up our total for the year to 35 with 1 death only.

There is a great need for a National Haemolytic Disease Service for all babies throughout the country. In our opinion every pregnant mother should have a blood specimen taken, and subsequently tested for Rh. factors, A.B.O. groups, Kahn or Wr. and in hospital practice, also the haemoglobin. If this could



be arranged, nationally, an appreciable number of infant lives could be saved annually.

Throughout the year there has been close co-operation with Dr. Dunleavy and the Tuberculosis Service of the Dublin Corporation. 1,319 babies received B.C.G. vaccination, and 37 babies were kept in the hospital over 6—10 weeks incubation period when some member of the family, in the home, had open tuberculosis. The occupation of cots in the Paediatric Unit for the purpose of housing such infants is uneconomical, as these cots are frequently required for the treatment of sick babies whose lives are in danger.

Again this year we have to emphasise that the problem of neo-natal surgery remains unsettled. It is obviously best to operate upon many neo-natal conditions in the Maternity Hospital rather than transfer the infant to another hospital, thus completely separating it from its mother, when but a few hours or days old. Most of the necessary equipment exists in the Unit and with some thought and comparatively little expense most of the surgical work could be carried out in the Unit itself. This would constitute a great advance on the present system. On the whole the work in the Unit has been very satisfactory during the year. We would particularly like to mention our appreciation of the help given us by Dr. Moore, and his research and pathological department. His personal consultations with us on biochemical, pathological and haematological problems have been of the greatest help, and the service he supplies us, such as acid-base balance tests etc., has proved invaluable.

#### PAEDIATRIC OUT-PATIENTS DEPARTMENT.

This department supervises all normal babies up to six weeks, acting as a combined Welfare Centre and Clinic. There are many minor treatments which a normal baby needs, which are available in this Centre. It is rational, therefore, to have such a Clinic where normal babies can be supervised, weighed etc., and if they become sick, given the necessary treatment.

Domiciliary visits by Nurse Health Visitors, and if necessary, Medical Officers are carried out as required. The arrangement is most satisfactory and fulfils a vital need.

The work of this department is under the supervision of Sister O'Dwyer, who has for years worked on the hospital district, and knows our Dublin mothers and their problems intimately. This year the O.P.D. had 13,500 attendances and carried out 8,038 Home Visits.

#### BREAST MILK BANK.

The year saw a great improvement in this department as the following figures show :—

November 1952 to October 1953—1,263 pints collected.

November 1953 to October 1954—3,258 pints collected.

Nurse Dolan is to be congratulated on her invaluable work.

The corrected death rate for premature babies was again under 5 per cent. This rate is our yardstick for efficiency and as we were dealing with some 150 premature babies—many of them in the 3 lb. class, we may consider this result as exceedingly satisfactory.

#### EXTERN PAEDIATRIC UNIT.

During the present year a certain reorganisation took place, Sister Moran coming over to the Extern Paediatric Unit as “Sister in Charge” of the entire Paediatric Service.

The work of this department is very important, but exacting for the staff. We admit all babies needing special care from the Hospital district, many of whom are severely infected. Despite this we have had almost no cross infection and have saved a very large number of infant lives.



The department has justified the high hopes placed in it when it was inaugurated, and we have now found it possible and wise to admit a number of special cases from outside our service altogether. (See table). This is of great help to outside doctors who are often faced with having the responsibility for a sick or deformed neo-natal infant or a premature baby.

### INTERN DELIVERIES.

Total live births	...	...	...	4,141
Total dead-born infants (stillbirths)	...	...	...	141
Infants dying in Nursery and Labour Ward (including previables)	...	...	...	84
Total infant mortality rate (deaths of infants born, excluding abortions, but including dead born infants, stillbirths, etc.)	...	...	...	5.25 per cent.
Deadborn (stillbirth) rate	...	...	...	3.29 per cent.
Infant death rate (against total live births)	...	...	...	2.03 per cent.
Corrected Infant death rate amongst live births :—				
Live births viable (over $2\frac{3}{4}$ lbs.)	...	...	...	4,127
Infant deaths in this group	...	...	...	71
Infant death rate of Viables	...	...	...	1.71 per cent.
Premature Births (viable) :—				
(8.03% of live births)	...	...	...	332
Number of deaths	...	...	...	44
Mortality Rate	...	...	...	13.25 per cent.
Previable Prematures :—				
Number of Cases	...	...	...	14
Number of Deaths	...	...	...	13
Mortality Rate	...	...	...	92.86 per cent.
Total Premature Death Rate (including previable infants) :—				
Number of Cases	...	...	...	346
Number of Deaths	...	...	...	57
Mortality Rate	...	...	...	16.47 per cent.
Corrected Premature Death Rate	...	...	...	4.05 per cent.
(i.e. percentage death rate of premature (viable and previable) infants excluding infants dying within 48 hours of birth, and those born with hopeless congenital conditions).				

# INTERN PAEDIATRIC DEPARTMENT.

GROUP	Admissions	Deaths	Mortality Rate per cent.
Mature Infants ... ..	373	21	5.630
Premature Infants ... ..	236	40	16.525
Previaible Premature Infants	11	10	90.909
TOTAL ... ..	620	71	11.290

There were 13 infant deaths in the Labour Ward, 6 Mature, 7 Premature infants ( $5\frac{1}{2}$  lbs. or less).

## SUMMARY

# INTERN PAEDIATRIC DEPARTMENT.

CONDITION OR CLASSIFICATION	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Acute Haemorrhagic Pneumonia and Bi-Lateral Adrenal Haemorrhage ...	1	—	1	—	—	—	—	—	—
Acute Pneumonitis ...	1	1	—	—	—	—	—	—	—
Anencephalic Monster ...	—	—	—	1	—	1	—	—	—
Asphyxia and/or Birth Shock	30	29	1	—	—	—	—	—	—
Asphyxia Neonatorum ...	11	8	3	—	—	—	—	—	—
Aspiration Pneumonia ...	2	—	2	1	—	1	—	—	—
Atelectasis ... ..	6	3	3	12	—	12	—	—	—
Atelectasis and Pyelitis ...	—	—	—	1	—	1	—	—	—
B.C.G. Vaccination ...	1	1	—	1	1	—	—	—	—
Birth Shock ... ..	9	9	—	1	1	—	—	—	—
Birth Trauma (General) ...	1	1	—	—	—	—	—	—	—
Breech Delivery ... ..	10	10	—	1	1	—	—	—	—
Bronchopneumonia ...	—	—	—	2	1	1	—	—	—
Cardiac Bruit ... ..	1	1	—	—	—	—	—	—	—
Cerebral Haemorrhage ...	4	—	4	1	—	1	1	—	1
Cerebral Syndrome ...	7	7	—	—	—	—	—	—	—
Congenital Goitre ... ..	1	1	—	—	—	—	—	—	—
Congenital Heart ... ..	2	2	—	1	1	—	—	—	—
Congenital Intestinal Obstruction ... ..	—	—	—	1	—	1	—	—	—
Coombs Negative ... ..	40	40	—	—	—	—	—	—	—
Erb Duchenne Syndrome ...	1	1	—	—	—	—	—	—	—
Face Presentation ... ..	2	2	—	—	—	—	—	—	—
Forceps Delivery—									
Observation ... ..	61	61	—	1	1	—	—	—	—
Forceps and Brow Presentation ... ..	1	1	—	1	1	—	—	—	—



CONDITION OR CLASSIFICATION	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
Forceps and Facial Paralysis	3	3	—	—	—	—	—	—	—
Forceps and Fracture of Rt. Clavicle ... ..	1	1	—	—	—	—	—	—	—
Hare Lip ... ..	1	1	—	—	—	—	—	—	—
Haemolytic Disease : No Treatment ... ..	6	6	—	1	—	1	—	—	—
Haemolytic Disease : Exchange Transfusion ...	21	21	—	4	3	1	—	—	—
Haemolytic Disease : Kern Icterus No Treatment ...	1	—	1	—	—	—	—	—	—
Haemolytic Disease : Kern Icterus Exchange Transfusion	—	—	—	1	—	1	—	—	—
Haemorrhage from Umbilical Cord ... ..	1	1	—	—	—	—	—	—	—
Haemorrhagic Bronchopneumonia ... ..	—	—	—	1	—	1	—	—	—
Hydrocephalus ... ..	—	—	—	1	—	1	—	—	—
Hydrocephalus : Spina Bifida	1	—	1	1	—	1	—	—	—
Hydrops Foetalis ... ..	1	—	1	—	—	—	—	—	—
Interstitial Emphysema ...	2	—	2	—	—	—	—	—	—
Intestinal Atresia ... ..	1	—	1	1	—	1	—	—	—
Kern Icterus of Prematurity	—	—	—	1	—	1	—	—	—
L.S.C.S. (Observation) ...	119	119	—	8	8	—	—	—	—
Mongol : Asphyxia Neonatorum ... ..	1	1	—	—	—	—	—	—	—
Mongolian Idiot ... ..	1	1	—	—	—	—	—	—	—
Multiple Abnormalities ...	—	—	—	1	—	1	—	—	—
Neo-Natal Infection ... ..	—	—	—	2	—	2	—	—	—
Prematurity ... ..	—	—	—	150	141	9	10	1	9
Pulmonary and Adrenal Haemorrhage ... ..	1	—	1	—	—	—	—	—	—
Spina Bifida ... ..	2	2	—	1	—	1	—	—	—
Sub-acute Intestinal Obstruction and Malformation of Bowel ... ..	—	—	—	1	—	1	—	—	—
Transferred to Unit ... ..	18	18	—	36	36	—	—	—	—
Transferred to External Hospital ... ..	—	—	—	1	1	—	—	—	—
TOTALS ... ..	373	352	21	236	196	40	11	1	10

Surgical operations were performed on 27 infants ; Post Mortems were obtained in 21 cases ; There being 71 deaths in the Nursery.

EXTERN PAEDIATRIC DEPARTMENT.

GROUP		Admissions	Deaths	Mortality Rate per cent.
Mature Infants ... ..	...	241	19	7·884
Premature Infants ... ..	...	148	15	10·135
Previable Premature Infants		9	9	100·000
TOTAL ... ..	...	398	43	10·804

## SUMMARY

### EXTERN PAEDIATRIC DEPARTMENT.

CONDITION OR CLASSIFICATION	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Abnormal Cervical Vertebrae	—	—	—	1	—	1	—	—	—
Abscess Miscellaneous ...	3	3	—	1	1	—	—	—	—
Acute Bronchitis ...	4	4	—	1	1	—	—	—	—
Acute Glossitis ...	1	1	—	—	—	—	—	—	—
Acute Haemorrhagic Broncho-pneumonia ...	1	—	1	—	—	—	—	—	—
Acute Pneumonia ...	1	1	—	—	—	—	—	—	—
Acute Pyelitis ...	1	1	—	—	—	—	—	—	—
Adrenal Haemorrhage ...	1	—	1	—	—	—	—	—	—
Anaemia (Nutritional) ...	2	2	—	1	1	—	—	—	—
Asphyxia ...	1	1	—	—	—	—	—	—	—
Aspiration Pneumonia ...	1	—	1	—	—	—	—	—	—
Atelectasis ...	—	—	—	1	1	—	—	—	—
Atelectasis : Congenital									
Heart : Haemolytic Disease	1	1	—	—	—	—	—	—	—
Atresia of the Oesophagus ...	—	—	—	1	—	1	—	—	—
Bacteraemia Cavitation of Lung : Abscess of Scrotum	1	1	—	—	—	—	—	—	—
B.C.G. ...	31	31	—	4	4	—	—	—	—
Bi-lateral Pyonephrosis : Urethral Valves : Bronchopneumonia ...	1	—	—	—	—	—	—	—	—
Bilateral Renal Infection ...	1	—	1	—	—	—	—	—	—
Birth Trauma ...	1	1	—	—	—	—	—	—	—
Breech Delivery ...	2	2	—	—	—	—	—	—	—
Bronchopneumonia ...	8	6	2	6	4	2	—	—	—
Bronchopneumonia : Atelectasis ...	—	—	—	1	—	1	—	—	—
Bronchopneumonia : Diarrhoea ...	2	2	—	—	—	—	—	—	—
Cardiac Failure ...	1	—	1	—	—	—	—	—	—
Cellulitis (Heal) ...	—	—	—	1	1	—	—	—	—
Cellulitis (Both Orbits) ...	1	1	—	—	—	—	—	—	—
Cleft Palate : Abnormality of tongue and chin ...	1	1	—	—	—	—	—	—	—
Cleft Palate : Hare Lip ...	3	3	—	—	—	—	—	—	—
Congenital Absence of Common Bile Duct : Obstructive Jaundice ...	1	1	—	—	—	—	—	—	—
Congenital Absence of Left Hand ...	—	—	—	1	1	—	—	—	—
Congenital Dislocation of Left Hip Joint ...	—	—	—	—	—	—	1	—	1
Congenital Heart Disease ...	4	1	3	4	3	1	—	—	—
Congenital Syphilis ...	—	—	—	2	2	—	—	—	—
Conjunctivitis and Enteritis	—	—	—	1	1	—	—	—	—
Conjunctivitis, Recurrent ...	2	2	—	—	—	—	—	—	—
Cyst in Right Inguinal Canal	1	1	—	—	—	—	—	—	—
Eczema and Seborrhoea ...	1	1	—	—	—	—	—	—	—
Enlarged Goitre ...	1	1	—	—	—	—	—	—	—
Enlarged Thymus Gland ...	1	1	—	—	—	—	—	—	—



CONDITION OR CLASSIFICATION	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
Epispadias ... ..	2	2	—	—	—	—	—	—	—
Erb-Duchenne Paralysis (Left Arm) ... ..	1	1	—	—	—	—	—	—	—
Fat Dyspepsia : Feeding Problem ... ..	—	—	—	1	1	—	—	—	—
Fits ... ..	1	1	—	—	—	—	—	—	—
Forceps Delivery—Observation ... ..	1	1	—	—	—	—	—	—	—
Fractured Femur ... ..	1	1	—	—	—	—	—	—	—
Gastro Enteritis ... ..	1	1	—	—	—	—	—	—	—
Haemolytic Disease ... ..	6	6	—	1	1	—	—	—	—
Haemolytic Disease : Exchange Transfusion ... ..	8	8	—	1	1	—	—	—	—
Haemorrhagic Pneumonia ... ..	1	—	1	—	—	—	—	—	—
Hiatus Hernia ... ..	—	—	—	1	1	—	—	—	—
Hirschsprungs Disease ... ..	—	—	—	1	1	—	—	—	—
Hydrocephalus ... ..	1	1	—	—	—	—	—	—	—
Immaturity ... ..	—	—	—	1	1	—	—	—	—
Impetigo ... ..	—	—	—	1	1	—	—	—	—
Infected Cyst Left Clavical Region ... ..	1	1	—	—	—	—	—	—	—
Jaundice, Obstructive ... ..	1	1	—	—	—	—	—	—	—
Jaundice Physiological ... ..	2	2	—	—	—	—	—	—	—
Kern Icterus : Exchange Transfusion ... ..	1	1	—	—	—	—	—	—	—
Kidney Tumour ... ..	1	1	—	—	—	—	—	—	—
Meningocele ... ..	4	4	—	—	—	—	—	—	—
Mongol ... ..	1	—	1	1	1	—	—	—	—
Multiple Congenital Abnormalities ... ..	1	—	1	—	—	—	—	—	—
Neo-Natal Infection ... ..	53	52	1	16	16	—	—	—	—
Nervous Vomiting ... ..	1	1	—	—	—	—	—	—	—
Observation ... ..	35	35	—	3	3	—	—	—	—
Pneumonia ... ..	4	4	—	1	1	—	1	—	1
Prematurity ... ..	—	—	—	90	82	8	7	—	7
Pyelitis ... ..	1	1	—	—	—	—	—	—	—
Pyloric Stenosis ... ..	8	8	—	—	—	—	—	—	—
Pylorospasm ... ..	1	1	—	—	—	—	—	—	—
Pyrexia ... ..	1	1	—	1	1	—	—	—	—
Rash ... ..	4	4	—	—	—	—	—	—	—
Rectal Obstruction : Mucous Plug ... ..	1	1	—	—	—	—	—	—	—
Simple Dyspepsia ... ..	1	1	—	—	—	—	—	—	—
Spina Bifida ... ..	3	2	1	—	—	—	—	—	—
Spina Bifida : Hydrocephalus ... ..	2	1	1	—	—	—	—	—	—
Staphylococcal Infection ... ..	1	1	—	—	—	—	—	—	—
Stridor ... ..	2	2	—	—	—	—	—	—	—
Subdural Tap (Negative) ... ..	1	1	—	—	—	—	—	—	—
Suppurative Pylonephritis ... ..	1	—	1	—	—	—	—	—	—
Thrombosis of the Cranial Sinuses ... ..	1	—	1	—	—	—	—	—	—
Talipes ... ..	—	—	—	2	2	—	—	—	—
Ulcerative Ileitis ... ..	—	—	—	1	—	1	—	—	—
Upper Respiratory Infection ... ..	4	4	—	—	—	—	—	—	—
TOTALS ... ..	241	222	19	148	133	15	9	—	9

Surgical operations were performed on 21 infants. There were 46 deaths ; 3 of these infants were admitted during the year 1952-1954, and are not included in computing the percentage death rate for the current year. Postmortem examinations were obtained in 17 cases.

## PAEDIATRIC O.P.D.

Report for the period 1st November, 1953, to 31st October, 1954.

Total Attendances ... 13,500

Initial Attendances ... 3,165

District Visits ... 8,038

## EXTERN PAEDIATRIC DEPARTMENT.

(Extern admissions of Infants who were not born on the Rotunda Service).

## REPORT FOR THE PERIOD FROM 1st NOVEMBER, 1953, TO 31st OCTOBER, 1954.

GROUP	Admissions	Deaths	Mortality Rate per cent.
Mature Infants ...	24	6	25·000
Premature Infants ...	17	4	23·529
Previaible Premature Infants	1	—	—
TOTAL ...	42	10	23·810

## SUMMARY

CONDITION OR CLASSIFICATION	Mature Infants			Premature Infants			Pre-Viable Premature Infants		
	A.	L.	D.	A.	L.	D.	A.	L.	D.
Acute Pyelo Nephritis ...	1	—	1	—	—	—	—	—	—
Atelectasis ...	—	—	—	2	1	1	—	—	—
B.C.G. ...	—	—	—	1	1	—	—	—	—
Cerebral Haemorrhage ...	1	—	1	—	—	—	—	—	—
Congenital Heart Disease ...	1	—	1	—	—	—	—	—	—
Cyanosis (P.M. shewed no cause of death) ...	1	—	1	—	—	—	—	—	—
Haematemesis ...	—	—	—	1	1	—	—	—	—
Haemolytic Disease ...	1	1	—	—	—	—	—	—	—
Haemolytic Disease : Exchange Transfusion ...	1	1	—	—	—	—	—	—	—
Haemorrhagic Disease ...	1	—	1	1	1	—	—	—	—
Hypospadias ...	—	—	—	1	1	—	—	—	—
Intercurrent Infection ...	1	1	—	—	—	—	—	—	—
Jaundice : Acute Hepatitis ...	1	1	—	—	—	—	—	—	—
Jaundice : (Physiological) ...	1	1	—	—	—	—	—	—	—
Melaena : Neo-Natorum ...	1	1	—	—	—	—	—	—	—
Mismanagement of Feeding ...	2	2	—	—	—	—	—	—	—
Neo-Natal Infection ...	3	3	—	—	—	—	—	—	—
Observation ...	4	4	—	—	—	—	—	—	—
Prematurity ...	—	—	—	10	8	2	1	1	—
Pylorospasm ...	2	2	—	—	—	—	—	—	—
Pyloric Stenosis ...	1	1	—	—	—	—	—	—	—
Pyloric Stenosis : Thrombosis Venous Sinuses ...	1	—	1	—	—	—	—	—	—
Sub Acute Intestinal Atresia	—	—	—	1	—	1	—	—	—
TOTALS ...	24	18	6	17	13	4	1	1	—

Surgical operations were performed on 3 infants. There were 10 deaths : Postmortems were obtained in 6 cases,



## SCHOOL HEALTH SERVICE.

CATHERINE M. O'BRIEN, M.B., D.P.H., B.SC.P.H.

The School Health Service established in Dublin County Borough 1928, has continued to look after the health of school-going children during the past year. This is the first twelve months period during which a staff of four medical officers has been made available for carrying out the work in schools and clinics, and consequently a greater number of children were inspected in 1954, than in any previous year. The expansion of the Dental Service has, of course, been the outstanding feature of the period under review, and the volume of work done in that most essential section of the School Health Service has been twice as great as heretofore. Tables are included in this report showing the numbers of children examined in schools, together with the incidence and degree of defects found, and the treatment carried out at Dental, E.N.T. and Orthopaedic Clinics as well as in the City Hospitals—in-patient and out-patient departments.

Last year a special tribute was paid in the Annual Report to the work of the hospitals and to the inestimable help given to our department all these years by the staffs of the city hospitals, who have played a major part in improving the health and physical condition of school children. We take this opportunity again, of formally recording our deep appreciation of all that has been done and is being done for the child population of the City by the hospitals' staffs.

### GENERAL.

A graph setting out the average height and weight for age and sex of children inspected in City National Schools during the year 1954, as compared with all those inspected during the previous ten year period, shows an all over improvement in the average height and weight for age and sex, of the boys and girls examined last year. The condition of the children's teeth too, as set out in the figures for dental caries



in the report indicates a long awaited improvement, and the number who have been protected against Tuberculosis by B.C.G. vaccination has increased to an extent incredible ten years ago.

Faulty posture, pallor, mouth breathing, lassitude, signs of fatigue due to insufficient hours of sleep, or sleeping under unsuitable conditions, these are signs which, however, are still far too commonly observed in the children seen at school health inspection. Teeth which are stained, and unwashed, dirty hands ; the girls' hair spoiled by the presence of nits and the boys' hair unkempt, nails bitten ; these are conditions which are unfortunately too frequently found.

It must have been impossible to maintain a standard of cleanliness under the old housing conditions, with one tap and the toilet in the yard and consequent difficulties in getting hot water and disposing of washing water. Now, however, with the increased allocation of Corporation houses and flats with hot and cold water available and a bath, there is every likelihood that the general standard of hygiene will be improved year by year. For anybody who has worked among the tenement or basement dwellers of thirty years ago, the present Housing Estates and blocks of flats provided by the rate and taxpayers for our people, must indeed seem like a dream come true, and we congratulate the Municipalities sincerely on the progress which has been made and is being made in re-housing families from the old City congested areas.

It is indeed heartening to see how nicely most of the houses in the new " schemes " are kept, and the gardens so lovingly tended show such obvious signs of the care given to them.

#### SCHOOLS.

The provision of new school buildings to accommodate large families moved to Housing Estates, is one of the best indications of the progress which has been made in the teaching of children under hygienic



conditions. The clearance of unfit dwellings in the centre of the City has also provided much needed and long awaited sites for schools to accommodate the families of flat dwellers, and it is inevitable that this progress should benefit enormously the school population. According as new schools are provided, the numbers attending old out-moded city schools will diminish. With further demolition of condemned property and the provision of flats, it will be possible to renovate the old schools and bring them up-to-date as regards lighting and ventilation and heating. The contrast between the new schools at Ballyfermot, for example, and some of the older type schools in the City is so great that it makes one all the more eager for an extension of the movement to provide modern schools. Adequate cloakroom, toilet and sanitary facilities, as well as suitably surfaced and adequate play ground space is so necessary for school children that one feels confident that these particular aspects of children's education will not be overlooked.

It is regretable that the war-time arrangement, whereby children were permitted to return from school to share the family dinner at an hour on which they would benefit most by eating the main meal of the day, should now no longer be the usual practice. Instead, they now remain in many schools until the afternoon, when they go home for their main meal, despite the fact that this is at a different time to that on which they eat it on Saturdays and Sundays and school holidays. The scheme for the provision of milk in schools with a sandwich, is excellent, but this might well be given when the school breaks up at 4 o'clock, if the children went home to middle-day dinner. Some parents appear to consider the afternoon dinner plan a more suitable one, but it is difficult to understand on what grounds they base their preferences. Children cannot derive the most benefit from the main meal of the day if they are tired when they get it. Some children, indeed, may be disinclined for their dinner by that time, and this in turn is a loss to them. Furthermore food held over from the dinnertime until the afternoon loses some of its nutrient value, and with



the cost of living to-day it is important that the maximum amount of good should be obtained from the food available for children.

The provision of toothpaste, toothbrushes, insecticide lotions, fine-combs etc., for a large school-going family may well be a heavy item in the weekly budget, and boys have told me that the cost of a hair cut is now higher than formerly, but mouths could be kept in hygienic condition by eating hard foods and cleaning the teeth before going to bed, and by eating less sweets and starchy foods. D.D.T. is available for the community, and it should not be too difficult for parents to cut children's hair themselves.

#### DENTAL.

The total National School population of Eire is 490,157. The National School population of the Dublin County Borough is 81,908. Accordingly, one sixth of the National School population of the Republic of Ireland have to be catered for by the School Health Service-inspection and treatment of defects found—by the Dublin County Borough, Public Health Department, School Health Service Branch. For twenty years prior to 1947, there had been a steady fall in the school population of the Republic of Ireland. Since 1947, however, there has been an increase of 37,000. The estimated total expenditure on new buildings, enlargements and improvements of the old schools was the highest figure on record, an estimated £2,000,000.

During the year 1953, one seventh of all the medical inspections done in the Republic of Ireland were carried out in the Dublin County Borough. One fifth of all the dental and eye treatments given in that year were also done in the Dublin County Borough. In the Annual Report of the Department of Health for the year 1953/54, the percentage of dental caries found in the total school population of the country examined during 1953 was 55·4%, as against 70% dental caries found during the course of medical inspections in the Dublin County Borough. We are indeed glad to record



the large increase in the number of children treated under the School Dental Service Scheme. The record figure of 34,956 for the year 1954 is the highest for any one year period, and almost three times as great as the figures of five years ago.

Until the middle of 1954, the Dental Hospital had very kindly carried out treatment of school children in accordance with a scheme agreed upon between the Dublin Corporation and the Governors of the Dental Hospital. We would formally like to extend to the Matron and Staff of the Dental Hospital and the Board of Governors, our deep debt of gratitude for the excellent work which has been done for Dublin city population since the School Health Service Scheme was established. In particular, the conservative dentistry carried out in the Dental Hospital has been of outstanding value. During the time before we had facilities for General Anaesthesia at Clinics, the numbers of children who were so generously treated at the two weekly Clinics held in Lincoln Place were only made possible by the ready, generous and skilled services made available to the school population, and we thank the Dental Hospital most sincerely. The care bestowed in saving children's teeth will always be a tribute to the work performed by the Dental Hospital Staff.

#### TREATMENT OF DEFECTS.

Perhaps one of the most striking features of the year 1954, was the curtailment of the Waiting list for admission of children to Hospitals. This has been made possible by the extension to the Orthopaedic Hospital at Clontarf, with its verandahs and new Gymnasium, and the opening of the new Clinic for the treatment of sequelae of Infantile Paralysis. Also, there is in course of construction, a Hospital to replace the present Auxiliary Orthopaedic Hospital at Baldoyle. Since it is so important that orthopaedic cases should be immobilised as early as possible under suitable conditions, in order to achieve the best possible results with minimum deformity, it is essential



that early admission to Hospital can be arranged. Despite the advance in medical science, there are still the congenital deformities to be treated, as early as possible on discovery, and this treatment and supervision may have to continue over a prolonged period. We are specially grateful to the Central Remedial Clinic for the work being done on behalf of Spastic children. The number of these children seem to-day to be relatively greater than in the past, because, with modern therapy and a consequent reduction in infantile mortality, handicapped children survive nowadays who would have died in the early years of this century.

There has been a long awaited and much needed extension of the accommodation available for Mental Defective children during the past year and the education and training of high grade mentally handicapped children. This is a most welcome advance, and we hope that a special school may soon be available for children, who, though not feeble minded, are retarded. A school for the partially deaf, with special equipment and facilities for training and teaching, is also a measure to which one looks eagerly forward. The detection of hearing loss and the measurement of the amount and type of deafness in the school population is a task which must be carried out if full benefit from the health and educational services, is to be obtained, by the school-going population.

**Audiometry :—**Group testing and pure-tone testing is an accepted feature of the School Health Service in other Countries, and we must in turn adopt a scheme for the discovery and assessment of hearing loss, sooner or later. This is a matter which has already been referred to in previous Annual Reports.

Treatment of Speech Defects is also one of the essential features of a School Health Service, and it would be well if facilities were available for the correction of stammer and other defects of articulation in School-children. Reference has already been made to the provision of facilities for the teaching of swimming and physical culture—these are so beneficial to the



growing child, and would effect such a vast improvement in their general well-being, mental and physical.

#### STAFF.

The Nurses continued to assist at School Medical Inspections, and to visit in their own homes as many children as possible in the time available for that most important aspect of our work. During the two months period of school closure in the Summer of 1954, the Nurses from the School Health Service undertook the duties in the Child Welfare Service, home visiting and attendances at Clinics. The usual high standard of their work has been maintained throughout the year, and one records the pleasant, willing and effective manner in which they undertake their various duties. It is always a source of great pleasure to record our appreciation of their work, especially of those members of the staff who have retired after many years service. Our special thanks are offered to the Medical and Dental staff for their help throughout the year, to the City Medical Officer, who has always been so encouraging and so wise in his judgment, and each year we thank very specially the office staff whose services are so generously and efficiently given.

Our special thanks are extended to the Rev. Managers and teachers of the City National Schools, who have always welcomed us and so kindly facilitated us in our work. One is always struck by the kind reception which teachers give us in the midst of their busiest days and the keen interest they show in the welfare of their pupils, regardless of their own pre-occupations. To the Almoners of the Voluntary Hospitals and all the various voluntary organisations in the city, we extend our warmest thanks.

TABLE I

GRAPH SHOWING

a. AVERAGE HEIGHT OF BOYS EXAMINED DURING 1954

b. MEAN AVERAGE HEIGHT OF BOYS EXAMINED  
DURING PERIOD 1944-1953 \*

(FIGURES FOR 1946 OMITTED, SCHOOL STRIKE).

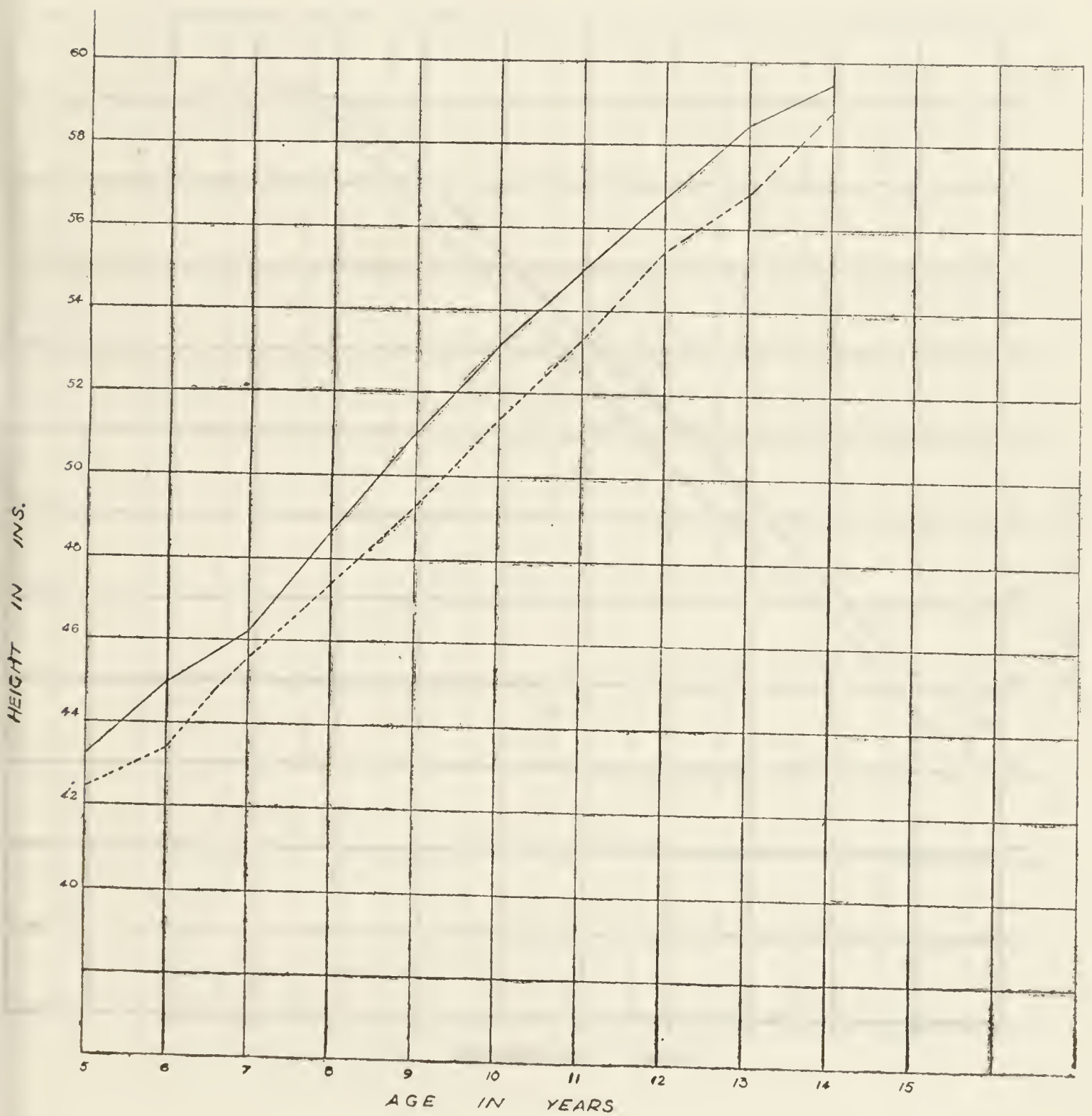
a. —————  
b. - - - - -



TABLE II

GRAPH SHOWING

a AVERAGE HEIGHT OF GIRLS EXAMINED DURING 1954

b MEAN AVERAGE HEIGHT OF GIRLS EXAMINED  
DURING PERIOD 1944 - 1953 \*a —————  
b - - - - -

\* (FIGURES FOR 1946 OMITTED SCHOOL STRIKE)

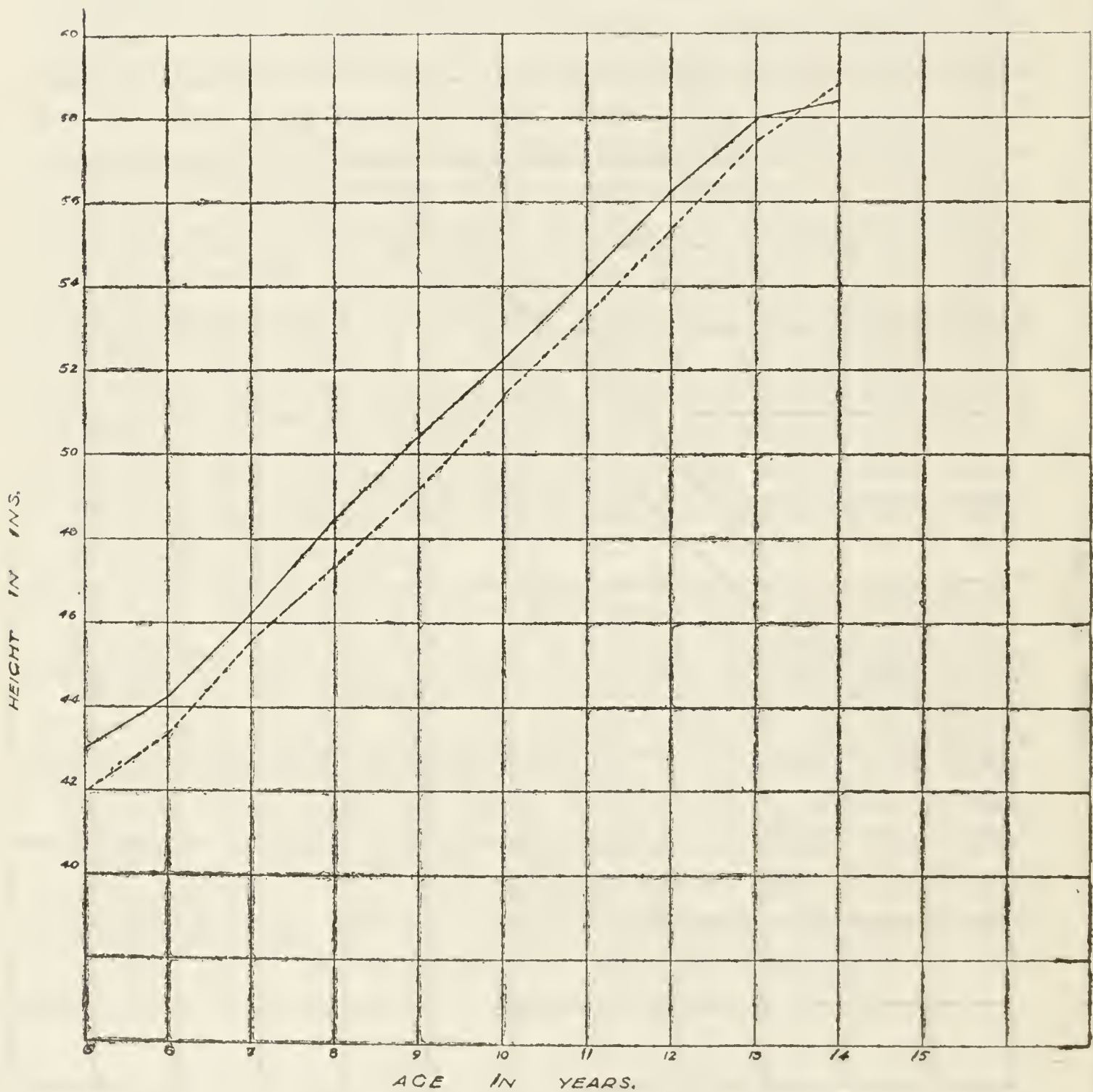


TABLE III

GRAPH SHOWING

a. AVERAGE WEIGHT OF BOYS EXAMINED DURING 1954

b. MEAN AVERAGE WEIGHT OF BOYS EXAMINED  
DURING PERIOD 1944 - '53 \*a. \_\_\_\_\_  
b. - - - - -

(FIGURES FOR 1946 OMITTED SCHOOL STRIKE).

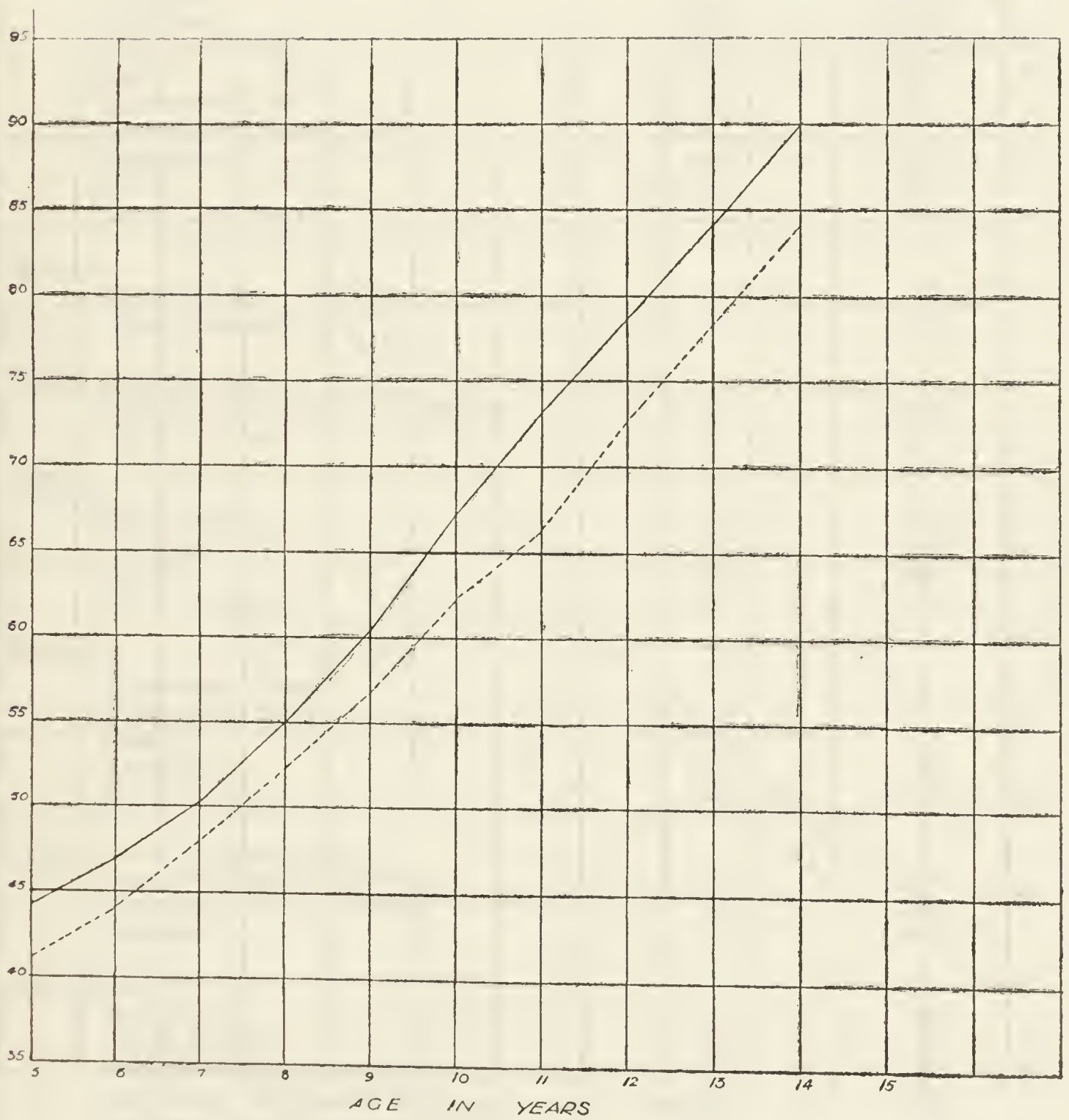




TABLE IV

GRAPH SHOWING

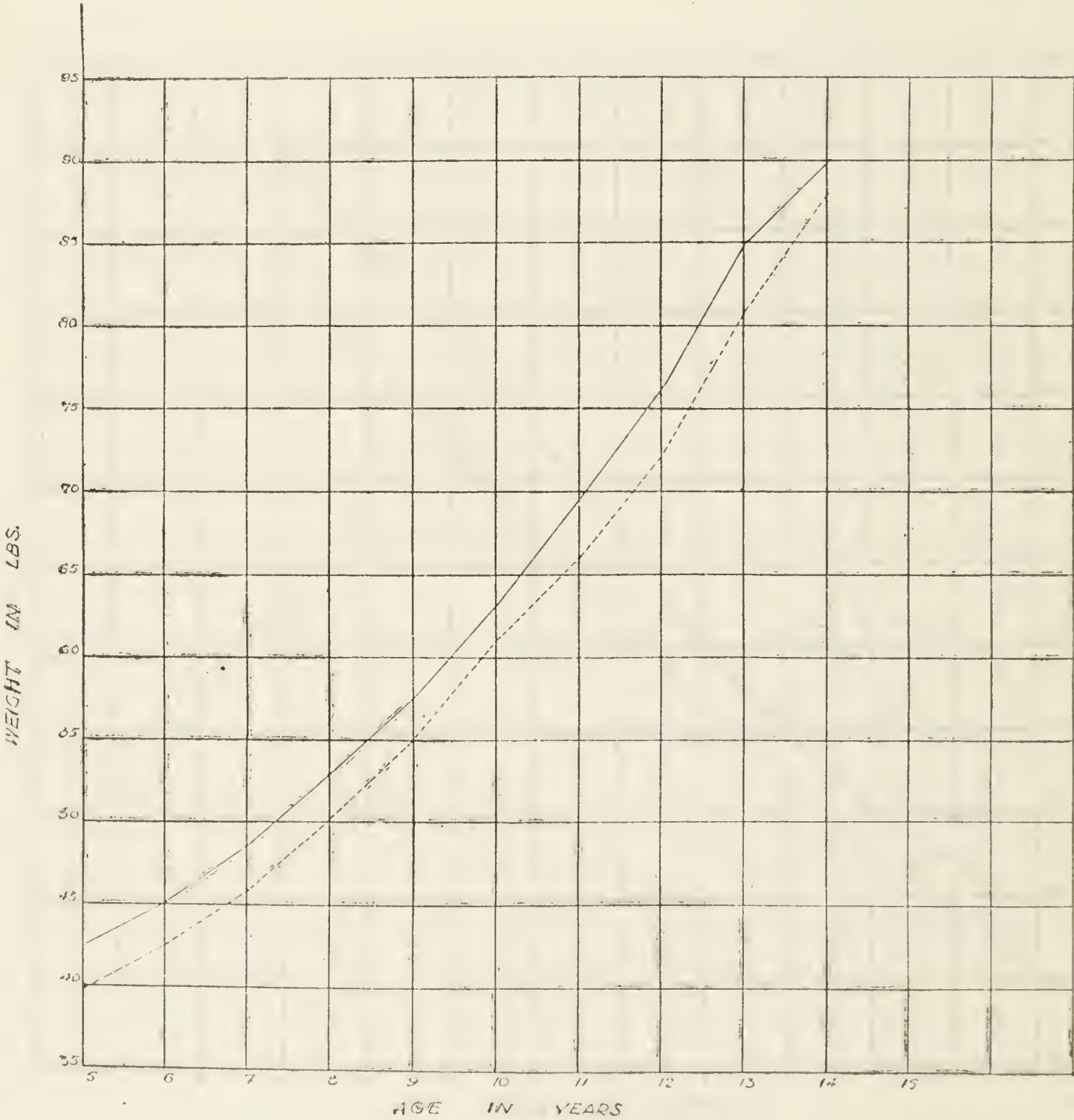
Q. AVERAGE WEIGHT OF GIRLS EXAMINED DURING 1954

Δ MEAN AVERAGE WEIGHT OF GIRLS EXAMINED DURING PERIOD 1944 - 1953

Q. —————

Δ - - - - -

(FIGURES FOR 1946 OMITTED SCHOOL STRIKE).



## DEFECTS FOUND DURING YEAR ENDED 31st DECEMBER, 1954.

Total number examined during the year—27,588.

DEFECTS	DEFECTS REQUIRING TREATMENT	DEFECTS REQUIRING OBSERVATION
Speech ... ..	157	436
Mental Condition ... ..	24	254
Hearing ... ..	32	148
Vision ... ..	4,466	4,230
Clothing ... ..	1,633	4,096
Footgear ... ..	1,002	5,960
Hair and Scalp ... ..	1,218	3,682
Body ... ..	480	3,466
Vaccination Nil ... ..	22,823	—
Inoculation against Diph. ... ..	18,511	—
Nutrition ... ..	408	2,849
Teeth ... ..	16,611	2,901
Glands Enlarged ... ..	222	7,620
EAR :—		
Otitis Media ... ..	21	51
Other Diseases ... ..	27	46
NOSE AND THROAT :—		
Enlarged Tonsils and Adenoids ... ..	2,411	7,088
Other Defects ... ..	62	295
EYE :—		
Blepharitis ... ..	196	615
Conjunctivitis ... ..	87	74
Squint ... ..	569	360
Other Diseases ... ..	56	171
SKIN :—		
Ringworm, Head ... ..	7	—
Ringworm, Body ... ..	9	—
Scabies ... ..	1	3
Impetigo ... ..	83	163
Other Diseases ... ..	381	1,139
HEART AND CIRCULATION :—		
Organic Heart Disease ... ..	37	191
Functional Heart Disease ... ..	31	590
Anaemia ... ..	76	2,512
LUNGS :—		
Bronchitis ... ..	18	152
Other Defects ... ..	33	90
Definite Pulmonary T.B. ... ..	38	84
Suspected Pulmonary T.B. ... ..	1,266	991
Definite Non-Pulmonary T.B. ... ..	11	16
Suspected Non-Pulmonary T.B. ... ..	5	2
NERVOUS SYSTEM :—		
Epilepsy ... ..	1	—
Chorea ... ..	—	1
Other Defects ... ..	15	28



DEFECTS	DEFECTS REQUIRING TREATMENT	DEFECTS REQUIRING OBSERVATION
<b>DEFORMITIES :—</b>		
Rachitis ... ..	11	152
Spinal Curvature ... ..	—	4
Others ... ..	171	1,285
<b>POSTURAL DEFECTS :—</b>		
Round shoulders ... ..	190	5,365
Scoliosis ... ..	15	114
Flat Feet ... ..	371	3,113
<b>OTHER CONDITIONS :—</b>		
Infectious Diseases ... ..	1	221
Rheumatism ... ..	4	134
Rickets ... ..	10	2,130
Hernia ... ..	1	43
Other Diseases ... ..	103	1,351

### DEFECTS TREATED—SCHOOL CHILDREN.

<b>Skin</b>	Ringworm Scalp ....	8
	Ringworm Body ....	37
	Impetigo ....	77
	Eczema ....	11
	Furunculosis ....	2
	Dermatitis ....	17
	Alopecia ....	17
	Verrucae ....	61
	Urticaria ....	2
	Cyst ....	2
	Visits to Out-Patients' Departments ....	787

#### INTERN CASES :

Ringworm Scalp ....	9
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#### Eye

#### EXTERN :

Defective Vision (Including Squint) ....	4,037
Orthoptic Treatments ....	56
Blepharitis ....	85
Conjunctivitis ....	33
Phlyctenular Disease ....	18
Corneal Ulcer ....	2
Keratitis ....	14
Hordeolum ....	39
Iritis ....	1
Cataract ....	2
Cyst ....	4
Other Defects ....	8
Visits to Out-Patients' Departments ....	808

## INTERN :

Squint Operations ....	126
Cataract ....	3
Cyst ....	3
Phlyctenular Disease ....	2
Ptosis ....	3
Conjunctivitis ....	1
Keratitis ....	2
Ectropion ....	1
Miscellaneous Defects ....	11

## Ear

## EXTERN :

Otitis Media ....	38
Otorrhoea ....	37
Defective Hearing ....	9
Mastoid ....	4
Miscellaneous Defects ....	10
Visits to Out-Patients' Departments ....	346

## INTERN :

Otitis Media ....	4
Mastoid ....	20
Other Defects ....	12

## Nose and Throat EXTERN :

Nasal Defects ....	16
Sinusitis ....	10
Other Defects ....	4
Visits to Out-Patients' Departments ....	92

## INTERN :

Nasal Obstruction ....	7
Polypus ....	6
Miscellaneous Defects ....	7
Tonsils and Adenoids Operations ....	1,889

## Orthopaedic

## EXTERN :

Club Feet ....	15
Pes Planus ....	442
Scoliosis ....	5
Round Shoulders ....	25
Torticollis ....	7
Paralytic Deformities ....	12
Miscellaneous Defects ....	6
X-Ray ....	269
Attendances for Physio-therapy ....	5,793



## INTERN :

Perthes Disease	....	....	....	15
Congenital Dislocation of Hip	....	....	....	7
Coxa Vara	....	....	....	6
Scoliosis	....	....	....	3
Spastic Paralysis	....	....	....	4
Poliomyelitis	....	....	....	19
Club Feet	....	....	....	13
Pes Cavus	....	....	....	4
Pes Planus	....	....	....	6
Genu Valgum	....	....	....	2
Other Defects of Feet	....	....	....	4
Torticollis	....	....	....	5
Miscellaneous Defects	....	....	....	12

Orthopaedic Appliances supplied (including Renewals and Repairs) .... 2,069

Attendances at Cerebral Palsy Clinic (No. of Patients, 40) 5,165

## SPECTACLES, ETC.

Spectacles supplied	....	3,116
Spectacles repaired	....	2,885
Occluders supplied	....	37
Artificial Eyes supplied	....	18

## Attendances

EAR, NOSE AND THROAT CLINIC	....	4,848
ORTHOPAEDIC CLINIC	....	182

## DENTAL TREATMENT SCHEME.

1954	Extractions Local Anaesthetic	Extractions General Anaesthetic	Fillings	Dressings and Scalings	X-Rays
Dental Hospital ...	347	2,525	2,573	1,736	134
Dental Clinic	29,898	17,585	5,467	4,679	20

Total number of attendances at Dental Clinics ... 34,956

Total number of examinations at Dental Clinics ... 14,319

## SCHOOLS INSPECTED DURING 1954.

Total No. Examined—27,588

Bloomfield Avenue	...	{ Boys Girls Infants	Harold's Cross, St. Clares	{ Girls Infants
			Drumcondra, St. Patricks	Boys
North Richmond St. C.B.		Boys		{ Boys Girls Infants
Drimnagh Boys	...	Boys	Inchicore Model	...
				{ Boys Girls Infants
Drimnagh Convent	...	{ Girls Infants	Greenlanes, Clontarf	...
				{ Boys Girls Infants
Killester Convent	...	{ Girls Infants	Clarendon St. Convent	...
				{ Girls Infants
Donore Ave., St. Catherines		{ Boys Girls Infants	Inchicore Oblates	...
				{ Boys Infants
Belgrove, Clontarf	...	{ Boys Girls Infants	Townsend Street	...
				{ Girls Infants
Glasnevin C.B.	...	Boys	Francis St. C.B.	...
				Boys
Lindsay Road	...	{ Boys Girls Infants	Francis St.	...
			Phibsboro' Boys	...
				{ Girls Infants Boys
Church Avenue	...	{ Boys Girls Infants	Phibsboro'	...
			Brunswick St. Nth. C.B.	...
				{ Girls Infants Boys
Sandymount Convent	...	{ Girls Infants	Milltown Convent	...
				{ Girls Infants
Leeson Lane Convent	..	{ Girls Infants	Milltown Boys	...
				Boys
Cabra Convent	...	{ Girls Infants	Denmark Street	...
				{ Boys Girls Infants
Seville Place Convent	...	{ Girls Infants	St. Canices C.B.	...
				Boys
Gardiner St. Convent	...	{ Girls Infants	Haddington Road Convent	{ Girls Infants
Damer	...	{ Boys Girls Infants	Haddington Road	...
				Boys
Sandymount Boys	...	{ Boys Infants	Marlboro' St. Central Model	{ Boys Girls Infants
			Marlboro' St. Scoil Gaolac	Infants
Rialto Boys	...	{ Boys Infants	Marlboro' St. Scoil Muire	Girls
Blackpitts	...	{ Boys Infants	Marlboro' St. Sc. Colmcille	Boys
Stanhope St. Convent	...	{ Girls Infants	Sandford Road	...
				{ Boys Girls Infants
Goldenbridge Convent	...	{ Girls Infants	James' Street C.B.	...
				Boys
St. Mary's C.B. Marino		Boys	Glasnevin Model	...
				{ Boys Infants



Crumlin, St. Mary's	...	{ Girls Boys	Glasnevin Convent	...	{ Girls Infants
Warrenmount Convent		{ Infants Girls	Basin Lane Convent	...	{ Girls Infants
Fairview C.B.	...	{ Infants Boys	Rathmines, St. Louis		{ Girls Infants
Keogh Square C.B.	...	Boys	Cabra, Christ the King	...	{ Boys Girls Infants
Ballyfermot Boys	...	{ Boys Infants			

## TREATMENT OF HANDICAPPED CHILDREN.

### Physically Handicapped.

Admitted to Residential Schools during the year 1954.

St. Joseph's School for the Blind, Drumcondra	Boys	Nil
St. Mary's School for the Blind, Merrion Road	Girls	Nil
St. Joseph's School for Deaf Mutes, Cabra	Boys	9
St. Mary's School for the Deaf Mutes, Cabra	Girls	5

### Epileptics.

Blessed Oliver Plunkett Colony Mulhuddart	Boys	7
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### Mentally Handicapped.

Admitted to St. Vincent's Home, Navan Rd., Cabra	20
Admitted to St. Augustine's Colony, Blackrock	17
Admitted to Glenmaroon and/or Clonsilla	Nil

### HOSPITAL SCHOOLS—admitted during the year 1954.

Linden	168
Cabinteely	38
Orthopaedic Hospital, Clontarf	74
St. Mary's Open-air Orthopaedic Hospital, Cappagh	12
Auxiliary Open-air Orthopaedic Hospital, Baldoye	5

### CONVALESCENT HOMES.

Cheeverstown	389
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## REPORT ON DIPHTHERIA IMMUNISATION SCHEME FOR 1954.

### (1) CHILDREN FULLY IMMUNISED AGAINST DIPHTHERIA.

Number of Pre-School Children	....	4,519
Number of School Children	....	3,195
Number of Booster Doses	....	4,473

### (2) NUMBER PRE-SCHOOL CHILDREN FULLY IMMUNISED AGAINST DIPHTHERIA AND WHOOPING COUGH .... 3,486

### (3) NUMBER OF CHILDREN IMMUNISED AGAINST WHOOPING COUGH ONLY .... 89

#### PRE-SCHOOL CHILDREN.

The number of clinics and sessions available to this group of children was increased in June 1954, from 13 sessions at 11 clinics to 14 sessions at 12 clinics. In the next month there was a further session added, and by the end of September there were 16 sessions at 13 clinics.

The methods by which parents were encouraged to bring their children for inoculation were as follows :—

(1) A circular was posted to the parent or guardian of each child who reached the age of nine months. This circular emphasised the importance of early immunisation, and it gave a list of the clinics with the hours of attendance at them. There were 11,044 of these circulars posted during the year.

(2) The Medical Officers and the Nursing Staff at the Child Welfare Clinics gave valuable help by urging mothers to bring their children for immunisation.

(3) The Health Visitors attached to the Child Welfare Department during their visits to the homes stressed the need for early immunisation.



(4) The press, radio, films and posters, were also used from time to time to help in the campaign.

The occurrence of sporadic cases has been an unwitting help in furthering the campaign, though many of those who rush for immunisation when a case occurs, unfortunately do not return for completion of treatment.

The total number of pre-school children fully immunised against diphtheria was 4,519, which showed a small increase on the previous year's figures.

The total number of pre-school children fully immunised against whooping cough was 3,601, of which 3,484 were fully immunised against both.

#### SCHOOL CHILDREN.

Sixty schools were visited, 130 visits in all being made. Six visits were made to three institutions. 27,382 consent forms were sent to the parent or guardian of each school-going child who required immunisation.

3,195 school children were fully immunised, and 4,473 children received booster doses. The number of booster doses is rising steadily from year to year.

#### REPORT ON THE INCIDENCE OF DIPHTHERIA FOR THE YEAR 1954.

Number of cases of Diphtheria	....	17
Number of deaths	....	4

It is regrettable that for the first time since 1950 deaths have occurred. None of the 17 cases notified had had immunisation.

CATHERINE B. CORBOY,

Medical Officer for Anti-Diphtheria  
Immunisation.

# REPORT ON OPERATION OF MIDWIVES ACT, 1944,

and the

# REGISTRATION OF MATERNITY HOMES ACT, 1934.

## MIDWIVES ACT, 1944.

During the year 1954, 253 Midwives gave the required notice of their intention to practise within the area of the Local Supervising Authority.

In conformity with the Rules of An Bord Altranais, the midwives were visited at intervals throughout the year at their own homes. Special attention was given to personal cleanliness of the midwives and the condition of their homes and the necessary appliances, bag contents, etc. The Registers, containing the entries of births attended by midwives, were examined and were, with very few exceptions, found to be correctly kept.

No midwife was reported for breach of the Rules and Regulations in the period.

No unregistered woman was found practising.

## INSPECTION OF MIDWIVES.

The total number of visits made during the year 1954 was 434, as compared with 457 in the previous year. In addition, 1,096 visits (to Maternity Hospitals, homes of patients, etc.) were made during the year, as compared with 814 in the previous year.

# REGISTRATION OF MATERNITY HOMES ACT, 1934.

The number of Homes registered under the above Act in the City on the 31st December, 1954, was 27. No new application for registration was received during



the period under review. The Homes on the Register at the end of the year numbered 27 and 5 institutions.

Throughout the year the Nursing Homes were visited regularly by the Deputy Inspector. 195 inspections were made.

The condition of the Homes generally was found satisfactory.

A. TIERNEY, R.G.N., R.M.—  
Deputy Inspector of Midwives.

## VERGEMOUNT FEVER HOSPITAL CLONSKEAGH.

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During the year ended 31st December, 1954, one thousand six hundred and ninety-seven cases were admitted to Vergemount Fever Hospital. 159 cases remained in Hospital at the close of the year 1953, and the total number under treatment was 1856. There were 32 deaths and 1,736 were discharged cured.

The mortality rate for all cases under treatment was 1.72 per cent. as compared with 1.93 per cent in 1953 and 1.62 per cent. in 1952.

The number of admissions for the year showed a decrease of 120 from the previous year. Measles, scarlet fever and whooping cough accounted for approximately 53% of the total admissions. The number of cases of measles admitted was 538 which constitutes a record of admissions for that disease in the history of the hospital. The type of measles admitted was a severe one and required specialised nursing. Many of these cases were of the poorer classes, and overcrowding, bad ventilation, want of warmth and lack of suitable nourishment added to its severity. Diphtheria again appears on the list of admissions; there were 26 cases with 4 deaths. (See Table 12).

Dr. F. Kelly, Senior House Physician left the staff on 30th June, 1954, to take up another medical post. Dr. T. McGuinness was appointed Senior House Physician and Dr. B. Finucane appointed Junior House Physician.

Numerous repairs and paintings were carried out both in the Hospital and Nurses' Home during the year. An Oxygen tent, (Wigmore Junior) was purchased.

One Block (Ward Block) was again closed during the year and was held ready for immediate admissions of cases of Smallpox or suspected cases.

Clinical instruction in Infectious Diseases was given to Students of National University, Trinity College,



Royal College of Surgeons, and also to candidates seeking the Diploma in Child Health. Clinical examinations in Fever for both the Diploma in Child Health and the Diploma in Public Health were held in June and in December.

The Ambulance Service for St. Clare's Hospital, Glasnevin, was continued throughout the year. Cases of Gastro-Enteritis (under 2 years) were admitted to Vergemount Fever Hospital, when beds were not available in St. Clare's Hospital.

Staff Nurses Campbell and Craughwell resigned during the year, and Luke Redmond, Attendant, who was associated with the Hospital for over forty years retired on pension.

I would like to thank Doctors Kelly, McGuinness and Finnucane for their loyal co-operation during a busy year.

My thanks are due to Mr. T. A. Bouchier-Hayes (Surgeon); Dr. A. Mooney (Ophthalmic Surgeon); Mr. D. P. Murray, (Orthopaedic Surgeon); Dr. C. D. O'Connell (Ear, Nose and Throat Surgeon); and Dr. J. H. Stritch (City Bacteriologist).

I have much pleasure in reporting that the Nursing in the hospital has been efficiently carried out under the supervision of Miss M. J. Cusack, Matron.

In conclusion, I wish to thank Dr. J. A. Harbison, City Medical Officer and his Staff for their help during the year.

F. N. ELCOCK, L.R.C.P.S.I., D.P.H.,  
Resident Medical Superintendent.

TABLE 1.

SHOWING THE NUMBER OF ADMISSIONS AND THE NUMBER OF DEATHS FOR THE YEAR ENDING 31ST DECEMBER, 1954.

Disease	Number of Cases Admitted	Number Died	Case Mortality
Measles ....	538	6	1.11
Scarlet Fever ....	307	—	—
Acute Tonsillitis/Streptococcal Throat ....	171	—	—
Varicella ....	69	—	—
Pertussis ....	56	1	1.78
Diarrhoea and Enteritis (under 2 years) ....	30	2	6.66
Enteritis (over 2 years) ....	30	—	—
Croup ....	30	—	—
Erysipelas ....	28	—	—
Diphtheria ....	26	4	15.38
Dysentery (Sonne) ....	24	—	—
Dysentery (Flexner) ....	22	1	4.54
Bronchopneumonia ....	19	2	10.52
Epidemic Parotitis ....	16	—	—
Impetigo Contagiosa ....	13	—	—
Acute Anterior Poliomyelitis ....	12	—	—
Tuberculous Meningitis ....	10	1	10.00
Purulent Meningitis ....	10	1	10.00
Infective Hepatitis ....	10	—	—
Cerebro-spinal Fever ....	8	3	37.50
Rheumatic Fever ....	7	—	—
Influenzal Pneumonia ....	7	—	—
Influenza ....	6	—	—
Enteric Fever ....	4	—	—
Infective Mononucleosis ....	4	—	—
Acute Laryngo-Tracheo Bronchitis ....	4	—	—
Pneumococcal Meningitis ....	2	—	—
Puerperal Sepsis ....	1	—	—
Encephalitis Lethargica ....	1	1	100.00
Miscellaneous ....	232	10	4.31
	1,697	32	1.89

### SCARLET FEVER.

Three hundred and seven cases were admitted for treatment which shows a decrease of 74 from the previous year. There were no deaths.



The type of Scarlet Fever continues to be mild with occasional cases of subtoxic and subseptic types.

Three cases of surgical Scarlet Fever were admitted.

The following complications were noted in some cases :—

ADENITIS	RHINITIS	OTITIS MEDIA
ABSCESSSES	WHITLOWS	ARTHRITIS
ENDOCARDITIS	ALBUMINURIA	NEPHRITIS
PYELITIS		

Four cases on admission suffered concurrently with Scarlet Fever and Varicella.

Table 3 shows the number of Scarlet Fever admissions for the past fifteen years.

TABLE 2.  
SHOWING THE NUMBER OF SCARLET FEVER CASES CLASSIFIED IN  
AGE AND SEX GROUPS FOR THE YEAR 1954.

	0—4	5—9	10—14	15—24	25+ >	Total
Male ...	60	63	7	3	1	134
Female	67	73	24	6	3	173
	127	136	31	9	4	307

TABLE 3.  
SHOWING THE NUMBER OF SCARLET FEVER ADMISSIONS, THE  
NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE  
YEARS 1940—54.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940 ...	172	2	1·16
1941 ...	167	—	—
1942 ...	291	—	—
1943 ...	129	—	—
1944 ...	129	—	—
1945 ...	123	—	—
1946 ...	103	—	—
1947 ...	171	—	—
1948 ...	1,148	—	—
1949 ...	841	1	0·12
1950 ...	695	—	—
1951 ...	346	—	—
1952 ...	292	1	0·34
1953 ...	381	—	—
1954 ...	307	—	—
Total ...	5,295	4	0·07

## MEASLES.

Five hundred and thirty eight cases were admitted, which shows an increase of 175 over the previous year. There were six deaths, giving a mortality rate of 1.11 per cent. as compared with 1.65 per cent in 1953 and with 1.20 per cent in 1952.

Table 6 shows an analysis of these measles deaths. Measles is usually regarded by the general public as a mild disease. The type of measles admitted was a severe one, and many patients required a long convalescence in hospital following chest complications.

The following complications occurred in some of the recovered cases.

BLEPHARITIS	CONJUNCTIVITIS	CORNEAL ULCER
STOMATITIS	LARYNGITIS	BRONCHOPNEUMONIA
OTITIS MEDIA	RHINITIS	ENTERITIS
ADENITIS		

TABLE 4.

SHOWING THE NUMBER OF MEASLES CASES CLASSIFIED IN AGE AND SEX GROUPS FOR THE YEAR 1954.

	0—1	2—4	5—9	10—14	15 + >	Total
Male .....	132	90	32	5	11	270
Female	107	94	30	10	27	268
	239	184	62	15	38	538



TABLE 5.

SHOWING THE NUMBER OF MEASLES ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1940-1954.

Year	Number of Cases Admitted	Number Died	Case Mortality
1940 ...	46	4	8.70
1941 ...	108	7	6.48
1942 ...	43	3	6.97
1943 ...	13	—	—
1944 ...	45	—	—
1945 ...	81	2	2.47
1946 ...	70	7	10.00
1947 ...	250	7	2.80
1948 ...	140	5	3.57
1949 ...	196	4	2.04
1950 ...	340	5	1.47
1951 ...	243	3	1.23
1952 ...	250	3	1.20
1953 ...	363	6	1.65
1954 ....	538	6	1.11
Total ....	2,726	62	2.27

TABLE 6.

SHOWING AN ANALYSIS OF DEATHS FROM MEASLES FOR THE YEAR 1954.

Ref. No.	Age and Sex	Days ill before Admission	Observations
13	4 Years Male	25	Admitted in a collapsed condition. Marked cardiac failure with shallow respirations. Did not respond to treatment—died 24 hours after admission from Bronchopneumonia and cardiac failure.
378	1 Year Female	7	Patient had an attack of Bronchopneumonia three months previously. Weakly child, severe attack of measles complicated by Bronchopneumonia and enteritis. Died 3 days after admission—no response to Antibiotics, oxygen etc.
602	2 years Female	6	Child a mongolian. On admission P. 156, R. 62. Well marked Bronchopneumonia with cardiac failure. No response to antibiotics, oxygen, etc. Patient died within 15 hours.

Ref. No.	Age and Sex	Days ill before Admission	Observations
669	1½ years Male	7	Well marked Stomatitis and thrush on admission, persistent tachycardia. Patient died after 4 days from a severe heart attack.
773	4 years Female	23	A Mongolian. Moribund on admission, dyspnoeic and cyanosed. Well marked Broncho-pneumonia. Died 2 hours after admission.
950	1 year Female	2	Patient dehydrated and toxic on admission. Well marked measles rash and Bronchitis. Patient treated for Bronchopneumonia in 1953. Developed Bronchopneumonia before rash had faded; dyspnoea and cyanosis well marked. Enteritis further complicated the case. Otitis media developed on 6th day. Some improvement for some time but heart gradually failed and patient died on 16th day.

## PERTUSSIS.

Fifty six cases were admitted during the year, showing a decrease of 220 from the previous year. There was one death giving a mortality rate of 1·78 per cent. as compared with 2·17 per cent. in 1953.

The single death occurred in a baby 4 months, who developed Bronchopneumonia and Enteritis.

The complications noted in some of the recovered cases were as follows :—

BRONCHITIS.

BRONCHOPNEUMONIA.

ENTERITIS.

STOMATITIS.

LARYNGITIS.

RHINITIS.

OTITIS MEDIA.

SUBCONJUNCTIVAL HÆMORRHAGE.



TABLE 7.

SHOWING THE NUMBER OF WHOOPING COUGH ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1940-1954.

Year		Number of Cases Admitted	Number Died	Case Mortality
1940	...	25	5	20·00
1941	...	69	11	15·95
1942	...	64	16	25·00
1943	...	10	1	10·00
1944	...	12	2	16·66
1945	...	42	6	14·28
1946	...	110	22	20·00
1947	...	108	46	22·48
1948	...	49	4	8·16
1949	...	161	23	14·28
1950	...	199	10	5·02
1951	...	188	8	4·25
1952	...	267	2	0·75
1953	...	276	6	2·17
1954	....	56	1	1·78
Total	....	1,736	163	9·38

#### DIARRHOEA AND ENTERITIS.

Thirty babies were admitted for treatment, showing a decrease of 48 from the previous year. There were two deaths giving a mortality rate of 6·66 per cent as compared with 5·12 per cent in 1953. Of the two deaths, one was a baby of over one year, who died three days after admission ; and the second a baby of three months admitted in a moribund condition, who died three hours after admission.

TABLE 8.

SHOWING THE NUMBER OF DIARRHŒA AND ENTERITIS ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1941-1954.

Year	Number of Cases Admitted	Number Died	Case Mortality
1941 ...	115	70	60·87
1942 ...	70	42	60·00
1943 ...	70	43	61·42
1944 ...	45	9	20·00
1945 ...	52	16	30·77
1946 ...	61	18	29·50
1947 ...	93	27	29·03
1948 ...	50	7	14·00
1949 ...	32	14	43·75
1950 ...	12	—	—
1951 ...	49	3	6·12
1952 ...	53	1	1·88
1953 ...	78	4	5·12
1954 ....	30	2	6·66
Total ....	810	256	31·60

### MENINGITIS.

Thirty cases of meningitis were treated during the year and were classified as follows :—

Type	Number	Deaths	Case Mortality
Tuberculous ...	10	1	10·00
Meningococcal ...	8	3	37·50
Pneumococcal ...	2	—	—
Purulent* ....	10	1	10·00

\* No organism isolated.

The only death in the Tuberculous cases occurred in a girl twelve years old, admitted in the last stages of the disease. She died on the fourth day after admission. Of the three deaths in the Meningococcal



type, one was a boy of 3 years admitted in a semi-comatose condition, who died two days after admission; a second, a boy of 1 year, who died thirty hours after admission from an acute fulminating meningoccal septicaemia; and the third, a girl of three years who died seven hours after admission from an acute fulminating meningoccal septicaemia.

One death occurred in the purulent type—a baby of one year who died on the fourteenth day from Cerebral Haemorrhage.

TABLE 9.

SHOWING THE NUMBER OF TUBERCULOUS MENINGITIS ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1944—1954.

Year	Number of Cases Admitted	Number Died	Case Mortality
1944	13	13	100·00
1945	28	28	100·00
1946	13	13	100·00
1947	15	15	100·00
1948	5	5	100·00
1949	1	1	100·00
1950	6	6	100·00
1951	6	6	100·00
1952	6	5	83·33
1953	12	7	58·33
1954	10	1	10·00
Total	115	100	86·95

TABLE 10.

SHOWING THE NUMBER OF MENINGOCOCCAL MENINGITIS ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1944—1954.

Year	Number of Cases Admitted	Number Died	Case Mortality
1944 ....	17	2	11.76
1945 ....	10	—	—
1946 ....	6	—	—
1947 ....	13	2	15.38
1948 ....	6	1	16.66
1949 ....	3	1	33.33
1950 ....	10	—	—
1951 ....	13	1	7.70
1952 ....	15	2	13.33
1953 ....	12	—	—
1954 ....	8	3	37.50
Total ....	113	12	10.62

### DIPHTHERIA.

There were twenty six cases of Diphtheria admitted during the year as compared with one case (carrier), from the previous year. There were four deaths giving a mortality rate of 15.38 per cent.



Table 11 shows an analysis of these deaths.

TABLE 11.  
SHOWING AN ANALYSIS OF DEATHS FROM DIPHTHERIA FOR THE  
YEAR 1954.

Ref. No.	Age and Sex	Days ill before Admission	Observations
230	2 years Female	?4	Very Toxic on admission, membrane covering both tonsils, uvula and soft palate; profuse nasal discharge and well marked periadenitis Clinically a severe case of "Gravis" Diphtheria. Patient died 18 hours after admission. Admitted too late in the disease to benefit by treatment. Patient was not immunised.
291	4 years Male	?	Mildly toxic on admission. Slight stridor, both tonsils enlarged and covered with membrane, well marked cervical adenitis. Seven days after admitted developed a heart attack and subsequently developed gallop Rythm and finally cardian paralysis. This patient died from acute Cardiac Syncope—peripheral failure, Vagus degeneration and acute toxic myocarditis. He died 9 days after admission. History of immunisation ?
395	1 year 10 months Female	7	On admission general condition poor. Nasal discharge present. Double Stridor and well marked recession—very restless and gasping for air. Obstruction well marked—Tracheotomy performed which gave some relief. Patient died from acute cardiac failure after 18 hours in Hospital. Patient was not immunised.
471	1 year 1 month Male	?	Profuse nasal discharge with excoriations of nostrils. Patient had a heart attack two days after admission and died. This patient had a nasal swab taken before admission (20 days) and was negative for C. Diphtheria. A second swab was taken prior to admission and was found to be positive for C. Diphtheria. This patient had a history of a nasal discharge before admission. Less than 48 hours after admission, this patient developed a typical diphtheric cardiac failure without responding to treatment. Patient was not immunised.

TABLE 12.

SHOWING THE NUMBER OF DIPHTHERIA ADMISSIONS AND DEATHS  
FOR THE YEARS 1939-1954.

Year	Number of Cases Admitted	Number Died	Case Mortality
1939 ...	214	32	14.95
1940 ...	155	19	12.25
1941 ...	118	15	12.62
1942 ...	309	25	8.09
1943 ...	671	37	5.51
1944 ...	569	37	6.50
1945 ...	234	14	6.00
1946 ...	59	2	3.40
1947 ...	30	2	6.33
1948 ...	8	2	25.00
1949 ...	—	—	—
1950 ...	—	—	—
1951 ...	—	—	—
1952 ...	—	—	—
1953 ...	1 (Carrier)	—	—
1954 ....	26*	4	15.38
Total ....	2,393	189	7.89

\* Including one case of a carrier.

## PNEUMONIA.

Twenty six cases of Pneumonia were admitted to the Wards during the year which shows a decrease of one from the previous year. They are classified as follows :—

Type	Number	Deaths	Case Mortality
Bronchopneumonia ...	19	2	10.52
Influenzal Pneumonia	7	—	—

Of the two deaths from Bronchopneumonia, one was a baby of nine months who died seven days after admission ; and the other a baby of eleven



months admitted in a poor condition who died five days after admission.

#### POLIOMYELITIS.

Twelve cases of Poliomyelitis were admitted for treatment during the year, which shows a decrease of nine from the previous year. There were no deaths.

TABLE 13.

SHOWING THE NUMBER OF POLIOMYELITIS ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1944-1954.

Year	Number of cases admitted	Number Died	Case Mortality
1944	3	1	33·33
1945	8	1	12·50
1946	2	—	—
1947	9	3	33·33
1948	1	1	100·00
1949	4	1	25·00
1950	8	1	12·50
1951	5	1	20·00
1952	1	—	—
1953	21	2	9·52
1954	12	—	—
Total	74	11	14·86

#### ENTERIC FEVER.

Four cases were admitted—all were due to *Salmonella Typhi* infection and all made good recoveries.

#### ERYSIPELAS.

Twenty eight cases were admitted. Fifteen were of the facial type and the remaining thirteen were crural in origin.

#### INFECTIVE HEPATITIS.

Ten cases were admitted showing a decrease of eight cases from the previous year. All made good recoveries.

### INFECTIVE MONONUCLEOSIS.

Four cases were admitted and treated with Chloremycetin. All made rapid recoveries.

### VARICELLA AND MUMPS.

Sixty nine cases of Varicella and sixteen cases of mumps were admitted during the year. Four cases of mumps developed orchitis.

### DYSENTRY AND BACTERIAL FOOD POISONING.

Forty six cases of Dysentery were admitted, twenty four being due to the "Sonne" type, and twenty two caused by "Flexner" type. There was one death in the "Flexner" series, an infant of two years who died 6 days after admission.

One case of food poisoning due to Salm, Typhi Murium was admitted and recovered.

### IMPETIGO CONTAGIOSA.

Thirteen cases were admitted for treatment. All made good recoveries. In early cases aureomycin ointment appeared to give the best results.

### CROUP (LARYNGITIS) AND ACUTE LARYNGO TRACHEO BRONCHITIS.

There were thirty cases of Catarrhal Laryngitis (croup) admitted for the year, showing an increase of eleven over the previous year. All made good recoveries with the usual treatment.

Four cases of Acute Laryngo Tracheo-Bronchitis were admitted. This severe form of non-diphtheritic laryngitis requires intensive treatment. A combination of the various antibiotics gave good results. All four cases made good recoveries.

### ENCEPHALITIS LETHARGICA.

One case was admitted as gastro-enteritis—an infant of two years, drowsy on admission and lethargic. Lumbar puncture excluded a meningitis, but the glucose content was high (127 mgs. per cent). This patient had been ailing weeks before admission to Hospital. She did not respond to treatment and died six days after admission.



## MISCELLANEOUS CASES.

Two hundred and thirty two cases were admitted as suffering from various infectious ailments. There were 10 deaths. An analysis of these deaths is shown in Table 14.

TABLE 14.

Ref. No.	Age and Sex	Notified as	Observations
77	64 years Female	Dysentery	A case of acute myocarditis and acute Enteritis—practically moribund on admission. Marked Arteriosclerosis, double mitral murmur, congestion in bases and marked dehydration. No improvement with intravenous Saline or with oxygen and Stimulant. Died within five hours.
226	2 months Male	? Encephalitis	Child moribund on admission—Collapsed, Pulseless, Heart sounds very weak. A case of Cerebral Haemorrhage—died three hours after admission.
295	25 years Female	Meningitis	A case of Subarachnoid haemorrhage. Semi-comatose. Pupils—Bilateral vitreous haemorrhage from subarachnoid haemorrhage. Patient made a recovery but on the 4th week got a second attack and died.
498	4 years Female	Meningitis	A case of acute Endocarditis and cardiac failure. Well marked mitral stenosis. B.S.R. (126). Died 6 days after admission.
1064	24 years Female	Encephalitis	A case of Uraemia following Nephritis. Blood urea (283) condition probably due to a polycystic kidney. Died seven days after admission.
1266	12 years Male	Tuberculous Meningitis	A case of Subarachnoid Haemorrhage Died 3 weeks after admission.
1321	4 years Male	Tuberculous Meningitis	A case of hydrocephalus following Tuberculous Meningitis. Collapsed and died three days after admission.
1435	72 years Female	Pneumonia	A case of Pleurisy and myocarditis. Had attacks of cardiac Asthma. Died from acute cardiac failure five weeks after admission.
1469	45 years Male	Observation	A case of Enteritis and Aplastic anaemia. Had three Transfusions. Died after 10 weeks.
1696	6 years Male	Diphtheria	A case of acute miliary Tuberculosis—Slight response to Streptomycin and I.N.H. After 6th week rapidly went down hill and died on the 7th week.

## TRANSFER OF CASES TO OTHER HOSPITALS.

Children's Hospital, Temple Street	....	One case of Meningocele. One case of acute Appendicitis.
Bon Secours Hospital, Glasnevin	....	One case of Acute abdomen.
Mercer's Hospital	....	One case of acute Appendicitis.
Crooksling Sanatorium	....	One case of Pulmonary Tuberculosis.

## ADMISSIONS.

1939	....	593
1940	....	744
1941	....	1,144
1942	....	1,146
1943	....	1,348
1944	....	1,591
1945	....	1,303
1946	....	1,106
1947	....	1,407
1948	....	2,245
1949	....	1,808
1950	....	1,898
1951	....	1,569
1952	....	1,611
1953	....	1,817
1954	....	1,697



## TUBERCULOSIS.

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### ST. MARY'S CHEST HOSPITAL.

During the year 1954—1,072 patients were treated in this hospital, a slight increase on the figures for 1953. There were 451 discharges, 17·7% of which were against medical advice. This represents a big improvement compared with the figures for last year. Amongst discharged patients the average length of stay was 469 days.

The medical and surgical treatment in the hospital continued on much the same lines as in 1953. There was an increase in the number of major thoracic operations to 271 compared with 163 in the previous year. The arrangement whereby patients from Ballyowen requiring thoracic surgery were sent to St. Mary's for operation, continue to work satisfactorily.

#### LABORATORY SERVICE.

There has been an improvement in our laboratory service since the appointment, during the year, of a technician, to carry out work in the hospital laboratory. This improvement applies to our bacteriology service only. I hope that in 1955 facilities will be extended to enable us to do all of our pathology investigations here also.

#### NURSES' HOME.

During the summer, work commenced on the building of a Nurses' Home. The need for this has been very great during the past six years as a big portion of our nursing staff have had to live out. It will take at least eighteen months to complete the building.

Other matters awaiting attention are :—

1. The improvement in the ventilation of the operation theatre.

2. The subdivision of three of the "Huts" in the women's section of the hospital in order to provide a number of single cubicles.
3. Improvement in the lighting and ventilation of Unit G in the men's section of the hospital.

I wish to offer congratulations to the thirty eight members of the nursing staff who were successful in the examination for the Post-Registration Diploma in Tuberculosis. Also to Dr. Philip Corbett who obtained his M.D. degree in June. I was very sorry to lose his services when he was transferred at the end of the year to Mallow Chest Hospital where he obtained the the more senior post of Assistant Medical Officer.

My best thanks are due to Miss Kelly, the Matron, and to all the members of the staff, medical, nursing, clerical and general for their kind co-operation and hard work during the year 1954.

C. K. MacARDLE, M.D., D.P.H.,  
Medical Superintendent.

	Male	Female	Total
Total number of patients treated in 1954 ....	420	652	1,072
Total number of admissions ....	190	293	483
Total number of patients admitted ....	188	287	475
Total number of discharges ....	164	287	451
Total number of patients discharged ....	163	284	447
Total number of deaths ....	14	7	21
In hospital on 31/12/53 ....	218	360	578
In hospital on 31/12/54 ....	230	359	589

Bed Turnover for year 1954,  $\cdot 773$  ; Average length of stay, 469 days ; Turnover Interval,  $3\cdot 078$  days ; Percentage Occupancy,  $99\cdot 348$  ; Total number of Beds, 609.



### Classification of Patients on Admission.

		T.B. Minus	T.B.+1	T.B.+2	T.B.+3
Male ...	...	61	4	104	21
Female	...	122	18	129	24
		183	22	233	45

### Classification of Patients following Institutional Investigation.

		A1	A2	A3	B1	B2	B3	Non- Pul.	Non- Tub.	Not Classified
Male ...	...	5	24	3	4	119	26	—	7	2
Female	...	33	38	2	26	154	28	1	8	3
		38	62	5	30	273	54	1	15	5

### Age Groups on Admission.

		Under 15 yrs.	15/24	25/34	35/44	45/54	55/64	65 and over
Male ...	...	8	40	47	51	27	16	1
Female	...	7	115	94	52	18	7	—
		15	155	141	103	45	23	1

### Family History.

Male 52 (27.4%).      Female 84 (28.7%).

### Length of Time in Hospital—Patients discharged during year 1954.

		0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	over 1 year
Male ...	...	1	5	8	9	12	11	19	99
Female	...	3	9	10	14	26	23	13	189
		4	14	18	23	38	34	32	288

### Condition on Discharge.

		Arrested or Quiescent	Improvement	No Improvement	Worse
Male ...	...	39	99	24	2
Female	...	77	179	28	3
		116	278	52	5

**Reason for Discharge.**

		Medical	Own Accord	Transferred to other hospitals	Dismissed	Died
Male ...	...	123	29	8	4	14
Female	...	219	51	17	—	7
		342	80	25	4	21

**Sputum on Discharge.**

		Pos. to Neg.	Pos. to Pos.	Neg. Pos. Neg.	Neg. to Neg.	Not Classified
Male ...	...	93	23	1	39	—
Female	...	159	25	4	87	3
		252	48	5	126	3

**Classification of Non-Tuberculous Cases Discharged  
(8 Male : 9 Female) :**

Carcinoma of Lung	....	2 (Female)	6 (Male)
Sarcoidosis	....	1	1
Lung Abscess	....	1	1
Hodgkins Disease	....	1	
Bronchiectasis	....	2	
Gastric Ulceration	....	2	

**Treatment carried out during 1954.**

Patients who had Postural Treatment	....	58
Patients who had combined Streptomycin and P.A.S.	....	317
Patients who had Iso Nictonic Acid, Strepto- mycin and P.A.S.	....	293
Patients who had Iso Nictonic Acid and Streptomycin	....	91
Patients who had Iso Nictonic Acid and P.A.S.	....	8

**Artificial Pneumothorax Treatment.**

Inductions attempted	....	11
Patients admitted with A.P.	....	Nil
A.P. abandoned and failed	....	2
Pleural Effusions requiring aspirations	....	2
Refills	....	388



**Artificial Pneumoperitoneum Treatment.**

Inductions	....	....	....	72
Patients admitted with P.P.	....	....	....	3
P.P. abandoned	....	....	....	39
Refills	....	....	....	3,830

**Extra Pleural Pneumothorax Treatment.**

Extra Pleurals done	....	....	....	Nil
Extra Pleurals abandoned	....	....	....	3
Refills	....	....	....	92
PNEUMONECTOMY	....	....	....	9
LOBECTOMY	....	....	....	37
SEGMENTAL RESECTION	....	....	....	21
THORACOPLASTY (No. of Stages)	....	....	....	179
(No. of Patients)	....	....	....	97
CORRECTOPLASTY (No. of Stages)	....	....	....	12
(No. of Patients)	....	....	....	10
PLOMBAGE	....	....	....	5
DECORTICATION	....	....	....	5
RIB RESECTION AND EMPYEMA DRAINAGE	....	....	....	3
ADHESION SECTION	....	....	....	4
Thoracoscopy only	....	....	....	3
Thoracotomy	....	....	....	8
Phrenic Crush	....	....	....	16
Bronchoscopy	....	....	....	78
Appendicectomy	....	....	....	5
Biopsy	....	....	....	4
Minor Operations	....	....	....	10
Blood Transfusions	....	....	....	435
Aspiration of pleural effusion	....	....	....	349
Lumbar Punctures	....	....	....	152

**Investigations.**

X-Ray examinations	....	....	....	11,317
Fluoroscopic examinations	....	....	....	4,037
B.S.R.	....	....	....	8,633
Sputum examinations :—				
Direct Microscopy	....	....	....	3,834
Cultures	....	....	....	2,320
Guinea Pig Inoculations	....	....	....	64
Gastric Lavage Cultures	....	....	....	789

Laryngeal Swab Cultures....	....	....	111
C.S.F. Examinations	....	....	63
Pleural Fluid Examinations	....	....	35
Full Blood Count Examinations	....	....	675
Blood Sugar Examinations	....	....	87
Blood Protein Examinations	....	....	48
Blood Urea Examinations	....	....	72
Blood Culture Examinations	....	....	37
Blood Widal Examinations	....	....	3
Blood Cholesterol Examinations	....	....	11
Serum Calcium Examinations	....	....	14
Special Urine Examinations	....	....	550
Faeces Examinations	....	....	15
Fractional Meal Tests	....	....	9
Bilirubin—Van den Bergh Tests	....	....	9
Icterus Index	....	....	5
Prothrombin Time	....	....	45
Eosinophil Count	....	....	28
Brucella Abortus Agglutinations	....	....	2
Glucose Tolerance Tests	....	....	5
Sputum Examination for Carcinoma Cells			12

## Complications.

Pleural Effusion requiring Aspiration	....	13
T.B. Empyema	....	6
(4 patients admitted with Empyema, 2 patients developed empyemas during treatment.)		
Spontaneous Pneumothorax	....	5
Broncho Pleural Fistula	....	7
Haemoptysis (Severe)	....	29
T.B. Meningitis	....	1
T.B. Laryngitis	....	11
T.B. Adenitis	....	8
T.B. Chest Wall Abscess	....	2
T.B. Spine	....	10
T.B. Pelvic Bones	....	1
T.B. Hip	....	2
T.B. Knee	....	4
T.B. Kidney	....	2
T.B. Epididymitis	....	2



T.B. Peritonitis	....	....	....	1
T.B. Enteritis	....	....	....	1
Pleura-oesophageal fistula	....	....	....	1
Irido Cyclitis	....	....	....	2
Diabetes	....	....	....	9
Rheumatoid Arthritis	....	....	....	2
Chronic Otitis Media	....	....	....	3
Asthma	....	....	....	6
Mitral Stenosis	....	....	....	1
Severe Hypochromic Microcytic Anaemia	....	....	....	3
Inguinal Hernia....	....	....	....	1
Appendicitis	....	....	....	7
Addison's Disease	....	....	....	2
Senile Kyphosis	....	....	....	1
Parkinson's Disease	....	....	....	1
Prolapsed Rectum	....	....	....	1
Hypertension	....	....	....	2
Coronary Infarction	....	....	....	1
Massive Atelectasis	....	....	....	4
Pregnancy	....	....	....	11
Hepatitis	....	....	....	1
Mental Disease	....	....	....	3
Cirrhosis of Liver	....	....	....	1
Amyloid Disease	....	....	....	2
Epilepsy	....	....	....	5

### Allergy to Chemotherapy.

Skin allergy due to Streptomycin	....	4
„ „ „ „ P.A.S.	....	3
Peripheral Neuritis due to I.N.A.H.	....	1

During the year 1954—895 patients were examined  
by the Ear, Nose and Throat  
Consultant.

—2,065 patients were examined  
by Dental Surgeon.

788 patients had extractions.

283 patients had fillings.

133 patients had dentures.

During the year 1954—165 patients were examined by the Ophthalmologist.

—764 ex-surgical patients had post-operative check ups.

There were 764 attendances at the Surgical out-patients Clinic.

### OCCUPATION OF PATIENTS ADMITTED.

Male			Male		
Acetylene Burner	....	1	Furrier	....	1
Apprentice (Baker's)	....	1	Gardai Siochana	....	3
„ (Carpenter's)	....	1	Hairdresser	....	1
„ (Compositor's)	....	1	Insurance Agent	....	1
„ (Electrician's)	....	1	Jockey	....	1
„ (Finisher, Brass)	....	1	Journalist	....	1
„ (Welder's)	....	1	Laboratory Assistants	....	3
Army personnel	....	4	Labourers	....	22
Baker	....	1	Locomotive Fireman	....	1
Bank Clerk	....	1	Machinists	....	2
Bar Assistants	....	2	Mechanic	....	1
Bricklayer	....	1	Messenger	....	1
Boilerman	....	1	Metal Finisher	....	1
Book-keepers	....	2	Motor Assembler	....	1
Bus Conductor	....	1	Motor Drivers	....	3
Bus Driver	....	1	Miller (Flour)	....	1
Carpenters	....	4	No Occupation	....	25
Caretaker	....	1	Old Age Pensioner	....	1
Chemist	....	1	Packer	....	1
Chemist's Assistant	....	1	Painters	....	5
Civil Servants	....	9	Photographer's Assistant	....	1
Clerks	....	12	Porters	....	3
Cooper	....	1	Post Office Workers	....	2
Coppersmith	....	1	Priests	....	2
Crane Driver	....	1	Prison Officer	....	1
Dental Surgeon	....	1	Quantity Surveyor	....	1
Dentist	....	1	Schoolboys	....	7
Doctors	....	2	Shop Assistants	....	3
Dockers	....	3	Shopkeepers	....	2
Draper's Assistant	....	1	Steward	....	1
Draughtsman	....	1	Stagehand	....	1
Dustman	....	1	Stableman	....	1
Electrician	....	1	Storekeeper	....	1
Engineers (Motor)	....	2	Storemen	....	3
Engineer (Civil)	....	1	Students	....	2
Farm Labourers	....	2	Tailors	....	2
Fitters	....	7	Teacher	....	1
Factory Workers	....	4	Traveller	....	1



Female				Female			
Apprentice (Printer's)	....	1		Masseuse	....	....	1
Bank Clerk	....	....	1	Music Teacher	....	....	1
Bookfolder	....	....	1	Nuns ....	....	....	3
Book-keepers	....	....	2	Nurses	....	....	5
Caretaker	....	....	1	No Occupation	....	....	18
Chemist	....	....	1	Optician	....	....	1
Civil Servants	....	....	5	Packers	....	....	4
Clerks	....	....	8	Seamstress	....	....	1
Confectioners	....	....	2	Seed Tester	....	....	1
Cook ....	....	....	1	Schoolgirls	....	....	10
Dancing Teacher	....	....	1	Secretary	....	....	1
Dressmakers	....	....	3	Shop Assistants	....	....	12
Domestics	....	....	8	Shorthand-typists	....	....	2
Factory Workers	....	41		Tailoresses	....	....	8
Hotel Receptionist	....	....	1	Teachers	....	....	2
Housewives	....	....	115	Telephonists	....	....	2
Housekeeper	....	....	1	Typists	....	....	3
Landlady	....	....	1	Usherette	....	....	1
Laundresses	....	....	5	Waitresses	....	....	4
Machinists	....	....	14				

## RIALTO HOSPITAL.

The early months of the year were notable for the large amount of thoracic surgery which was done. This was, in the first place necessary to deal with a considerable number of cases which were held over from the previous year, when only limited surgery was available because of staff shortage. The presence of three thoracic surgeons, Mr. B. O'Neill and Mr. D. V. Kneafsey, full-time, and Mr. K. M. Shaw, part-time, made more surgery possible. Upon Mr. D. V. Kneafsey's appointment as permanent thoracic surgeon to the Western Regional Health Services, thus releasing Mr. Shaw for full-time work in Dublin, the work has proceeded at a steady and less heavy pace, since by that time the surgical waiting list had been reduced to normal figures.

To help in the demand for increased bed accommodation, the bed complement of the hospital was increased in April by adding an extra bed in each 4-bed cubicle of two medical wards, by adding 6 more beds in Ward 12 and by using the patients' library (3 beds) and two small rooms (3 beds). This brought the bed complement of the hospital from 294 to 318.

Rest remains the basis of treatment, with postural rest for large cavities, particularly of the tension variety. Chemotherapy is given in almost every case, using the three established agents; Streptomycin, I.N.H. and P.A.S. in combinations of two for three consecutive courses, each of three months duration, with an occasional intermission between courses, or before the fourth or later course is begun. The following order is usually, though loosely, followed:—

1. Streptomycin 1 G. daily with I.N.H. 200 or 300 mgm. daily.
2. I.N.H. 200 or 300 mgm. daily with P.A.S. 18 G. daily.
3. Streptomycin 1 G. every third day with P.A.S. 18 G. daily.



It is universally agreed that Streptomycin must be given daily with I.N.H. if the development of resistant strains is to be reduced to a minimum. The rate of loss of sensitivity is not nearly so high when P.A.S. is used with intermittent Streptomycin. The middle course, it will be observed, is injection-free, both medicaments being administered orally, a fact appreciated by the patient after interterminal daily needles.

Combinations in single tablets are undergoing limited or pilot trials: Dipasic (i.e., I.N.H. and P.A.S.) and Tabafen (G.T.3), (i.e., I.N.H. and thiosemicarbazone).

Artificial and extrapleural pneumothorax continue to lose ground yearly, and artificial pneumoperitoneum is somewhat less popular also. Phrenic crush has lost all popularity. Major surgery gains a wider field every year, probably on account of the great strides in chemotherapy. Extirpative surgery challenges thoracoplasty more strongly as one month succeeds another, and segmental resection will soon outpace lobectomy and pneumonectomy combined. Synthetic agents inserted to fill the space made by apicolysis have not as yet given enough promise to challenge seriously thoracoplasty as the choice of collapse measures.

The other activities of the hospital mentioned in previous reports—concerts, patients' library (Hospital Library Service), occupational therapy, etc., have continued as usual.

Published work from the hospital during the year :—

Air Embolism in Pneumotherapeutics by Dr. C. Breathnach (Irish Journal of Medical Science, September, 1954).

The following staff changes took place during the year :—

Dr. Conway resigned his post of Senior House Surgeon on 10th July, and was replaced by Dr. L. G. Meagher, House Surgeon. Dr. Meagher resigned the

post of Senior House Surgeon in October and was replaced by Dr. Colm Brady, who had held the post of House Surgeon as from July. Dr. T. D. McCarthy resigned his post as House Physician and was replaced by Dr. G. Plunkett and later by Dr. K. Quinn.

JOHN DUFFY,

M.D., F.R.C.P.I., D.P.H., T.D.D.

Bed Capacity	...	...	318 (including 15 beds for Non-T.B. chest cases)
No. of patients treated	...	...	833
Admissions	...	...	435 Tuberculous cases
			137 Non-T.B.           ,,
No. of patients admitted	...	...	433 Tuberculous       ,,
			132 Non-T.B.         ,,
Discharges	...	...	379 Tuberculous       ,,
			129 Non-T.B.         ,,
No. of patients discharged	...	...	372 Tuberculous       ,,
			122 Non-T.B.         ,,
Deaths	...	...	28 Tuberculous       ,,
			7 Non-T.B.           ,,
In hospital 31/12/53	...	...	263 Tuberculous       ,,
			5 Non-T.B.           ,,
In hospital 31/12/54	...	...	291 Tuberculous       ,,
			6 Non-T.B.           ,,

No. of beds available	393	15
Available bed days	108,762	4,750
Occupied bed days	105,523	4,348
Discharged patients	372	122
Deaths	28	7

Turnover =  $\frac{\text{Discharges} + \text{Deaths}}{\text{Available beds.}}$  =  $\frac{372 + 28}{303}$  = 1.3 patients per bed per year.       $\frac{122 + 7}{15}$  = 8 patients per bed per year.

Length of Stay =  $\frac{\text{Occupied bed days}}{\text{Discharges} + \text{Deaths}}$  =  $\frac{105,523}{372 + 28}$  = 263 days per patient.       $\frac{4,348}{122 + 7}$  = 33 days per patient.

Turnover interval =  $\frac{\text{Vacant Bed Days}}{\text{Discharges} + \text{Deaths}}$  =  $\frac{108,762 - 105,523}{372 + 28}$  = 8 days.       $\frac{4,750 - 4,348}{122 + 7}$  = 3 days.

Percentage occupancy =  $\frac{\text{Length of Stay}}{\text{Length of Stay} + \text{Turnover Interval}} \times 100$  =  $\frac{263 \times 100}{263 + 8}$  = 97%       $\frac{33 \times 100}{33 + 3}$  = 92%

Classification following Institutional investigation.

		A1	A2	A3	B1	B2	B3	Non-T.B.	Not classified
M.	...	13	9	4	20	150	54	89	5
F.	...	2	16	2	10	107	38	43	3



## TUBERCULOUS CASES.

### Length of time in hospital.

		0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	9/12 mths.	Over 12 mths.
M.	...	13	5	32	26	52	24	19	71
F.	...	4	4	16	28	38	12	10	53

### Age on admission.

		Under 15 yrs.	15/24 yrs.	25/34 yrs.	35/44 yrs.	45/54 yrs.	55/65 yrs.	Over 65
M.	...	3	58	68	63	29	30	4
F.	...	2	62	59	34	7	12	2

### Classification on discharge.

		A1	A2	A3	B1	B2	B3	Not classified
M.	...	20	9	1	115	63	32	2
F.	...	5	13	—	60	70	14	3

### Reasons for discharge.

		Recommended	Own accord	Transferred	Dismissed for B/D	Death
M.	...	120	34	64	4	20
F.	...	115	26	15	1	8

### Results on discharge.

		Quiescent	Improved	I.S.Q.	Worse
M.	...	85	97	38	2
F.	...	54	76	26	1

Sputum investigation of patients with disease "Quiescent" on discharge :

(a)	No sputum	...	...	...	...	2
(b)	Sputum negative on direct microscopy	...	...	...	...	7
(c)	Sputum negative on culture	...	...	...	...	58
(d)	Laryngeal swab negative	...	...	...	...	33
(e)	Gastric Lavage negative	...	...	...	...	39

**Complications in Tuberculous Cases.**

Empyema thoracis	....	....	....	4
Ischio rectal abscess	....	....	....	2
Arterio sclerosis with mild hypertension	....	....	....	3
Diabetes	....	....	....	7
Asthma	....	....	....	4
Pleuro cutaneous fistula	....	....	....	1
T.B. spine	....	....	....	3
T.B. laryngitis	....	....	....	4
T.B. meningitis	....	....	....	2
T.B. epididymitis	....	....	....	2
Mental deterioration into acute delusional insanity	....	....	....	1
Bronchopleural fistula	....	....	....	2
Acute sinusitis	....	....	....	2
Pregnancy	....	....	....	5
Syphilis	....	....	....	2
Acute abdomen	....	....	....	1
Spontaneous pneumothorax	....	....	....	4
Amyloid disease	....	....	....	2

**Treatment.****E.P.P.—**

Cases treated	....	....	....	3
No. of inductions	....	....	....	—
No. of refills	....	....	....	89
Abandoned	....	....	....	—
Failed	....	....	....	—

**A.P.P.—**

Cases treated	....	....	....	44
No. of inductions	....	....	....	45
No. of refills	....	....	....	620
Abandoned	....	....	....	7

**Aspirations of chest—**

Empyema (No. of cases)	....	....	....	3
Pleural effusion	....	....	....	3
Post-op. aspirations	....	....	....	212



## Lumbar punctures—

No. of cases	....	....	....	....	2
No. of treatments	....	....	....	....	14

## Postural Retention—

No. of cases	....	....	....	....	96
I.N.H., P.A.S. and Streptomycin therapy	....	....	....	....	166
I.N.H. and P.A.S.	....	....	....	....	120
I.N.H. and streptomycin	....	....	....	....	138
P.A.S. and streptomycin	....	....	....	....	142

## Intra-bronchial penicillin—

No. of cases	....	....	....	....	24
No. of punctures	....	....	....	....	281

## Investigations in Tuberculous and Non-Tuberculous Cases.

Sputum for Malignant Cells	....	....	....	....	35
Sputum aspirated from bronchial stump	....	....	....	....	1
Swabs from bronchi	....	....	....	....	1
Bronchial secretions	....	....	....	....	62
Bronchial and gland biopsies	....	....	....	....	30
Post-operative specimens examined microscopically	....	....	....	....	29
Biopsy sinus tract	....	....	....	....	1
Needle biopsies	....	....	....	....	4
Pus : Lung abscess	....	....	....	....	2
Sensitivity to antibiotics	....	....	....	....	4
from lobe	....	....	....	....	1
,, empyema	....	....	....	....	1
,, Semb's space	....	....	....	....	1
,, bronchus	....	....	....	....	11
Urine, Quantitative Chemistry	....	....	....	....	9
,, for Bence Jones Proteins	....	....	....	....	1
,, urea concentration	....	....	....	....	1
Hogben test	....	....	....	....	3
Urine guineapig inoculation	....	....	....	....	1
W.R.	....	....	....	....	12
C.S.F. for Khan test	....	....	....	....	1
Vaginal Swab	....	....	....	....	1

Aspiration from knee joint for guineapig innoculation ....	1
Widal reaction ....	1
Faeces ....	3
Blood : full count ....	463
Haemoglobin ..	490
Grouping ....	348
Rhesus factor ....	354
Cross-matching ....	5
Red cell count ....	5
White cell count ....	15
Plasma cells ....	1
Bleeding and clotting time ....	3
Blood chemistry : Blood urea ....	3
calcium ....	2
sugar ....	28
chlorides ....	1
Serum protein ....	6
Test Meal ....	4
Pleural Fluid ....	1

Number of check-up examinations on post- operative cases ....	560
Number of patients seen at Non-T.B. clinic ....	90
Number of eye examinations in hospital ....	13
Number of ear, nose and throat examinations ....	434
Number of dental cases—Extractions ....	439
Conservative treatment	96
Dentures supplied ....	124

### OPERATIONS (Tuberculous cases).

1st stage Thoracoplasty ....	107
2nd   "                  " ....	81
3rd   "                  " ....	15
Ant. thoracoplasty ....	2
Holst's thoracoplasty ....	3
Pneumoplasty ....	1
Correctoplasty ....	5
Plombage ....	7
Lobectomies, segments, lingulectomies ....	92
Pneumonectomy ....	6



Pneumonectomy and thoracoplasty	....	2
Decortication	....	1
Decortication and Lobectomy	....	2
Excision of pleural sac	....	1
Thoracotomy	....	5
Rib resection	....	1
Removal of blood clot from chest	....	1
Drainage of empyema	....	1
Sinus tract explored	....	1
Spieleorrhaphy	....	3
Cavity drainage	....	1
Phrenic crush	....	7
Tracheotomy	....	1
Removal of growth from larynx	....	1
Bronchoscopies (including Non-T.B.)	....	149

### TUBERCULOUS CASES.

FEMALES discharged from hospital.

#### THORACOPLASTY.

Holst's thoracoplasty	....	4
1st Stage	..	3
2nd ..	..	19
3rd ..	..	6

On discharge 3 were negative on G.L. ; 11 were negative on culture ; 18 were negative on direct examination.

#### SEGMENTAL RESECTIONS

1 had correctoplasty subsequently.

1 had thoracotomy subsequently.

On discharge 9 were negative on culture ; 10 were negative on direct examination ; 2 were negative on Gastric Lavage ; 1 was negative on Laryngeal Swab.

#### SPEILEORRHAPHY

On discharge 1 was negative on Gastric Lavage.

PNEUMONECTOMY .... 6

One had a correctoplasty later.

On discharge 1 was negative on Gas. Lavage ; 4 were negative on direct examination ; 1 was negative on culture.

#### LOBECTOMY.

One had thoracoplasty subsequently.

1 had pneumonectomy subsequently.

6 had correctoplasty subsequently.

On discharge 13 were negative on direct examination ; 5 were negative on culture ; 5 were negative on Gastric Lavage.

PLOMBAGE .... 3

On discharge 2 were negative on Gastric Lavage ; 1 was negative on Culture.

DECORTICATION .... 1

On discharge 1 was negative on Gastric Lavage.

CURRETAGE OF SINUS .... 1

On discharge 1 was negative on Gastric Lavage.

MALES—discharged from hospital.

#### THORACOPLASTY.

Holst's thoracoplasty	....	....	....	1
1st Stage	„	....	....	8
2nd	„	„	....	39
3rd	„	„	....	8
				—
				56

On discharge 14 were negative on culture ; 33 were negative on direct examination ; 9 were negative on Gastric Lavage.



LOBECTOMY ..... 22

1 had tracheotomy for acute respiratory failure subsequently.

1 died of cerebral embolism.

1 had correctoplasty subsequently.

On discharge 1 was negative on Lar. Swab.; 9 were negative on direct examination; 7 were negative on culture; 4 were negative on Gastric Lavage.

SEGMENTAL RESECTION ..... 23

1 had correctoplasty subsequently.

On discharge 6 were negative on Gastric Lavage; 12 were negative on Culture; 5 were negative on direct examination.

PNEUMONECTOMY ..... 4

All had correctoplasty subsequently.

On discharge 4 were negative on direct examination.

DECORTICATION ..... 1

On discharge 1 was negative on culture.

EXCISION OF SINUS TRACT ..... 4

On discharge 4 were negative on direct examination.

EMPHYEMA SAC REMOVED ..... 1

On discharge 1 was negative on culture.

SPEILEORRHAPHY ..... 1

On discharge 1 was negative on direct examination.

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### NON-TUBERCULOUS CASES.

Male —85 cases admitted through Non-T.B. Clinic of hospital

4 cases admitted as “haemoptysis”

89 cases

Female—40 cases admitted through Non-T.B. Clinic of hospital.

3 cases admitted as “haemoptysis” .... 43 cases

### Age on admission.

	Under 15 years	15/24 years	25/34 years	35/44 years	45/54 years	55/65 years	Over 65
M. ...	12	7	5	13	20	26	6
F. ...	6	11	6	11	7	2	—

### Length of time in hospital.

	0/7 days	7/30 days	1/2 mths.	2/3 mths.	3/6 mths.	6/9 mths.	Over 12 mths.
M. ...	11	46	32	8	1	1	—
F. ...	7	13	12	6	—	—	—

## CLASSIFICATION OF CASES.

### Male.

Carcinoma : 44 cases, 25 inoperable—4 deaths. 8 had pneumonectomy ; 1 refused operation ; 6 had palliative lobectomy. 6 of the cases were referred for deep X-ray therapy.

Bronchiectasis : 20 cases, 8 of which were operated on. 2 had right middle lobectomy ; 1 had right lower lobectomy ; 1 had left lower lobectomy and lingulectomy ; 1 had left basal segmentectomy and lingulectomy ; 1 had left basal segmentectomy ; 1 had pneumonectomy ; 1 had Segmental Resection of lower lobe. 12 were treated medically, 10 were improved on discharge and 2 were I.S.Q.

Cardiac Cases .... 1  
Pulmonary Stenosis ; Had Valvulotomy—died.

Haemoptysis due to hypertension : 1 case.

Chronic Bronchitis : 4 cases treated medically. All cases were investigated to exclude tuberculosis, bronchiectasis and cardiac conditions.



PNEUMONITIS : 10 cases, treated medically.

Cystic lung ..... 5

4 operated on successfully.

1 treated medically.

### Miscellaneous Cases.

Spontaneous Pneumothorax

Tuberculoma

Atelectasis

Rt. Mdl. Lobe Syndrome with pneumonia

1 Case acute Myocarditis—death.

1 case Cerebral Haemorrhage—death.

1 Myeloma of Sternum.

} No  
surgery.

### Female Cases.

Bronchiectasis : 16 cases, 7 of which were operated on.

1 left basal segmentectomy.

1 ant. segmental resection.

1 right pneumonectomy.

1 rib resection and right lower lobectomy.

1 left pneumonectomy.

1 resection of left basal segment and lingulec-  
tomy.

1 lingulectomy.

9 were treated medically.

Carcinoma : 2 cases, inoperable.

Cardiac Cases ..... 2

Rheumatic endocarditis with mitral stenosis  
and aortic incompetence.

Rheumatic endocarditis with mitral regurgi-  
tation.

} No  
Surgery

Cystic Lung : 2 cases, both operated on successfully.

Pneumonia : 2 cases, medical treatment.

**Miscellaneous.**

Bronchitis.

Diaphragmatic hernia.

Asthma.

Neurofibroma.

} Medical  
treatment

Bronchial adenoma with right middle lobe atelectasis,  
right middle and lower lobectomy.

Left spontaneous pneumothorax, thoracotomy and  
decortication.

Primary tuberculosis with segmental collapse of lingula,  
medical treatment.

**Complications in Non-T.B. Cases.**

Carcinoma : Severe Angio neurotic oedema ; Post-op.  
auricular fibrillation ; Metastases in mediastinal  
glands ; Cerebral Metastasis ; Hypertrophic em-  
physema.

Bronchiectasis : Pulmonary Abscess ; Asthmatic bron-  
chitis ; Hypertrophic emphysema.

Neurofibroma : Hypertension.

Diaphragmatic Hernia : Hypertension.



## CROOKSLING SANATORIUM.

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There is little of outstanding note to be reported in the transactions of this Institution, or in the tuberculosis world generally, for the year 1954.

No new methods of treatment came to light, and the usual recognised forms of treatment have been applied as for some years past. Such changes in trends as may be noted are due not so much to any improvement in forms of treatment, as to the changing pattern of the disease in so far as an increasing proportion of our cases have more limited disease, often so doubtfully active as to encourage the tendency to risk many of these cases on rather prolonged chemotherapy, often completed only after discharge of the patient to his home. This is obviously a line of treatment which may represent a welcome re-orientation for the patient by shortening his stay in Sanatorium, and in favourable circumstances allowing him to engage in his occupation for months which formerly would be spent in a Sanatorium. Mostly, these are cases in which the question of resection is doubtful, and the problem usually consists of deciding whether prolonged conservative treatment will prove so effective—i.e. prevent relapses over a sufficiently long period, in a sufficiently large proportion of cases as to justify this procedure in preference to surgery, which latter may prove to be unnecessary in a certain number of cases. If purely medical treatment, however, means a second or more frequent re-admission to Sanatorium for periods of upwards of six months or so at a time, for any considerable number of patients, then this course would appear to be sufficiently distasteful and lacking in consideration for the patient as to make surgery in suitable cases a more reasonable course, even if a small percentage of such operations will probably have been unnecessary. It is unlikely that any more firm grounds for decision in most cases will exist than that of trial and error, risking relapse at least once.

Figures at the outset indicate that quite a satisfactory turn-over of patients is maintained in so far as the average duration of stay is only about nine months, and a percentage bed-occupancy of 94% is not unsatisfactory.

The new Nurses' Home was completed and ready for occupation by the end of the year, thus permitting a full nursing staff to be engaged, and the full occupation of the hospital to the maximum of 257 beds. Work was also beginning on the installation of an internal telephone system, and radio and public address system.

Fifty Six patients were transferred for major surgery to Rialto Hospital, a ratio of one to five admissions (approx.).

House Physicians who did duty in the sanatorium during the year were Dr. G. Coughlan, Dr. M. O'Donovan, and Dr. S. O'Connell.

Total No. of Beds	....	....	237
Total available bed-days	....	....	86,505
Total occupied bed-days	....	....	81,011
Turnover	....	1.3 patients/bed/yr.	
Length of Stay	....	259 days/patient.	
Turnover Interval	....	....	17 days.
Average daily number of patients	....	....	222
Percentage Bed Occupancy	....	....	94%
No. in Hospital 31/12/'53	....	....	200
No. in Hospital 31/12/'54	....	....	191
No. of admissions during 1954	....	....	304
No. of discharges during 1954	....	....	313
		(incl. transfers).	
No. of deaths	....	....	12
No. of transfers	....	....	66

### Transfers.

Rialto Hospital	St. Kevin's Hospital	Jervis St. Hospital	Mater Hospital	Meath Hospital	Grange-gorman	Lourdes Hosp. Dun Laoghaire	TOTAL
56	3	3	1	1	1	1	66



**Admissions According to Age.**

—15	15—24	25—34	35—44	45—54	55—64	65 and over	Total
2	80	76	50	55	31	10	304

**Classification on Admission.**

A1	A2	A3	B1	B2	B3	Observation	Total
14	54	4	14	201	12	5	304

**Length of Stay in Hospital.**

0-7 days	7-30 days	1-2 mths.	2-3 mths.	3-6 mths.	6-9 mths.	9-12 mths.	Over 12 mths.	Total
5	13	20	26	68	59	46	76	313

**Classification on Discharge.**

		Quiescent	Improved	I.S.Q.	Worse	Died	TOTAL
A1	...	11	2	—	—	—	13
A2	...	13	18	5	—	—	36
A3	...	—	—	—	—	1	1
B1	...	17	2	—	—	—	19
B2	...	66	127	19	—	1	213
B3	...	—	12	1	—	10	23
Non-T.B.	...	—	3	3	—	2	8
Unclass.	...	—	—	—	—	—	—
Total	...	107	164	28	—	14	313

**Reasons for Discharge.**

Recommended	....	....	....	....	183
Transferred	....	....	....	....	66
Dismissed	....	....	....	....	8
Own Accord	....	....	....	....	42
Died	....	....	....	....	14
TOTAL					<u>313</u>

**Surgery.**

Thoracoplasty	....	....	....	....	24
Resection	....	....	....	....	22
Plombage	....	....	....	....	1
Decortication	....	....	....	....	3
Spieliorrhaphy	....	....	....	....	1

Five other cases transferred either had minor surgery or refused.

**Complications.**

T.B. Hip	....	....	....	....	2
Asthma	....	....	....	....	2
T.B. Kidney	....	....	....	....	2
T.B. Empyema	....	....	....	....	2
T.B. Spine	....	....	....	....	1
T.B. Pleural Effusion	....	....	....	....	7
Diabetes Mellitus	....	....	....	....	4
T.B. Laryngitis	....	....	....	....	2
Peptic Ulcer	....	....	....	....	3
T.B. Knee	....	....	....	....	1
T.B. Peritonitis	....	....	....	....	1
Acute Appendicitis	....	....	....	....	4
Coronary Thrombosis	....	....	....	....	1
Chronic Nephritis	....	....	....	....	1
Fallots Tetralogy	....	....	....	....	1
Osteoarthritis	....	....	....	....	1
Mental Disease	....	....	....	....	3



Of eight cases admitted for treatment, the diagnosis was altered as follows :—

Chronic Bronchitis and Emphysema	....	2
Ca. of Bronchus	....	2
Bronchiectasis	....	2
Aspergilloma	....	1

### **X-Ray Department.**

No. of Radiological Examinations	1,757
No. of Tomograms	224
No. of Screenings	1,592

### **Treatment.**

A.P.T.	A.P.P.
— No. of Inductions attempted	46
— No. of Inductions successful	46
— No. of Refills given	1,825
— No. of Refills at present	25
— No. of Refills abandoned	17
Bronchograms	61
Chest Aspirations	85
Pleural Lavage	242
Eye Examinations	35

### **Laryngological.**

No. of Examinations	240
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### **Dental Department.**

No. of Dental Patients	992
No. of Extractions	522
No. of Fillings	90
No. of Scaling	40
No. of Patients who received Dentures	62

### **Pathological Examinations.**

Sputum (Direct)	3,560
Sputum (Culture)	615
Laryngeal Swab (Culture)	145

Pleural Fluid (Direct and Culture)	....	45
Pus Samples (Bacteriological)	....	16
Blood Count (Complete)	....	114
Urine	....	190
Sputum (Grams)	....	9
Faeces	....	4
Gastric Lavage (Culture and Guinea Pig)	....	16
Van Den Bergh	....	11
Throat Swab	....	4
Water Samples	....	38
Test Meal	....	16
Blood Sugar	....	39
Wassermann Reaction	....	5
Blood Count	....	37
Widal Reaction	....	2
Blood Urea	....	3
Pleural Fluid—Guinea Pig	....	1
Sputum—Guinea Pig	....	3
Urine—Guinea Pig	....	3
Sputum—Pyogens	....	2
Gastric Lavage—Culture and Guinea Pig	....	6
Blood—Albumin, Globulin, Cholesterol	....	1
Milk Samples—Bacteriological	....	5
Sputum—Streptomycin and I.N.A.H. Sens. Tests	....	28
Sputum—Malignant Cells	....	1
Vaginal Swab	....	1
Blood Culture	....	1

L. B. GODFREY, M.D., M.R.C.P.I., D.P.H.

Resident Medical Superintendent.



## BALLYOWEN SANATORIUM.

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1954 was the first complete year Ballyowen was working at its full capacity of 263 beds. Two additional beds have been kept available for emergency cases of haemoptysis. They are not included in our official complement as they are not very well placed and, while meeting the needs of an emergency, are suitable for accommodating a patient only until such time as a vacancy occurs in one of the Wards. In practice these emergency beds are used very little, presumably because the General Practitioner considers the Sanatorium is placed too far out from the City.

With regard to the patients, 424 were treated. Of these 158 were new admissions and another 46 were re-admitted after temporary transfer for major surgery. The average daily bed-occupancy was 259, or 98% of our capacity. Routine treatment consisted of bed-rest and chemotherapy, and active intervention was adopted in suitable selected cases. The results of treatment are given in tabular form elsewhere in this Report.

A flat for the Assistant Medical Officer was provided by making certain structural alterations in the Medical Staff Corridor. This was the only building project undertaken during the past year.

The health of the Staff was quite good and there were no serious illnesses. Examinations were held every three months in accordance with our established routine. 297 Mantoux Tests were carried out on new members of the Staff, eight of whom had B.C.G. vaccination.

Dr. Maeve McDonagh, Asst. Medical Officer, continued in office, but Medical Staff changes occurred among the House Physicians. Dr. Irene Lynch and Dr. Thomas O'Beirne were succeeded by Dr. Patrick O'Callaghan and Dr. Sheila O'Donovan who commenced duty on 1st January in a temporary capacity. In mid-March they were replaced by Dr. Ita Murphy and Dr. Thomas Kilgallen. The latter left on 21st September and was replaced by Dr. Dermot O'Reilly.

Sixteen members of the Nursing Staff took the examination for the Post-Registration Qualification of An Bord Altranais. I am happy to say that all the candidates passed and one, Nurse Bridget Nea, secured Honours. This was the first occasion on which any candidate for this examination had secured Honours and it is a matter for gratification that this distinction should have fallen on one of our Staff.

The following are the figures relating to Admissions, Discharges, Transfers etc., for the year under review :—

Total remaining 31/12/53	....	....	252
Admitted in 1954	....	....	204
New Patients	....	158	
Returned from Surgery		46	
Discharged in 1954	....	....	202
Home	....	135	
Transferred	....	3	
Transferred for Surgery		54	
Died	....	10	
Total remaining 31/12/54	....	....	254
Total number of patients treated	....		424

Patients transferred for major surgical treatment to St. Mary's Chest Hospital or to Rialto Hospital returned to Ballyowen at a suitable time after operation. As the transfer and re-admission are merely incidental occurrences during continued treatment, these patients are not taken into account in the following tables concerned with Admissions and Discharges. The tables deal only with the net figures viz: 158 admissions and 148 discharges.

AGE GROUPS	NEW PATIENTS	ALL PATIENTS
Under 15	2	7
15—24	64	188
25—34	53	137
35—44	19	56
45—54	15	24
55—64	4	8
65 and over	1	4
	158	424



75·31% of the patients admitted were under the age of 35, and 41·13% under the age of 25.

CLASSIFICATION ON ADMISSION			NEW PATIENTS	ALL PATIENTS
A	1	....	28	56
	2	....	22	65
	3	....	2	4
B	1	....	16	26
	2	....	73	238
	3	....	17	35
			<hr/>	<hr/>
			158	424
EXTENT OF DISEASE			ADMISSIONS	ALL PATIENTS
Unilateral				
	Minimal	....	28	60
	Moderate	....	24	70
	Advanced	....	2	8
Bilateral				
	Minimal	....	16	26
	Moderate	....	56	166
	Advanced	....	32	94
			<hr/>	<hr/>
			158	424

The extent of disease is defined as follows :—

**MINIMAL.**—Slight lesions without demonstrable excavation confined to a small part of one or both lungs. The total extent of the lesions, regardless of distribution shall not exceed the equivalent of the volume of lung tissue which lies above the second chondro-sternal junction and the spine of the fourth or body of the fifth thoracic vertebra on one side.

**MODERATE.**—One or both lungs may be involved, but the total extent of the lesions shall not exceed the following limits :—

- (a) Slight disseminated lesions which may extend through not more than the volume of one lung, or the equivalent of this in both lungs ;

(b) Dense or confluent lesions which may extend through not more than the equivalent of one-third the volume of one lung ;

(c) Any gradation within the above limits. The total diameter of cavities, if present, estimated not to exceed 4 cms.

ADVANCED.—Lesions more extensive than Moderate.

#### CLASSIFICATION ON DISCHARGE.

—		Quiescent	Improved	No Material Improve- ment	Worse	Died	Total
A	1 ...	6	2	2	0	0	10
	2 ...	5	3	6	0	0	14
	3 ...	0	0	0	0	3	3
B	1 ...	10	3	3	0	0	16
	2 ...	39	35	12	0	0	86
	3 ...	0	4	8	0	7	19
TOTAL ...		60	47	31	0	10	148

A patient was considered quiescent when there was no clinical or radiological evidence of active disease and when the sputum had been negative on direct examination for at least six successive months together with at least three negative cultures.

The following table shows the result of treatment in the patients discharged set in relation to the extent of the disease present when the patient was admitted :

Condition On Admission	Quiescent	Improved	No Material Improve- ment	Worse	Died	Total
Minimal ...	18	6	5	0	0	29
Moderate ...	35	29	16	0	1	81
Advanced ...	7	12	10	0	9	38
TOTAL ...	60	47	31	0	10	148



## LENGTH OF STAY.

Over 12 months	....	....	80
9—12	„	....	7
6— 9	„	....	17
3— 6	„	....	19
2— 3	„	....	1
1— 2	„	....	10
7—30 days	....	....	5
0— 7	„	....	9

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## REASONS FOR DISCHARGE.

Recommended	....	....	....	73
Transferred	....	....	....	3
Own Accord	....	....	....	62
Dismissed	....	....	....	0
Died	....	....	....	10

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## SPUTUM—ADMISSION RELATED TO DISCHARGE.

ADMISSION		DISCHARGE	
Positive		Positive	.... 33
Negative		Positive	.... 1
Negative — Positive —		Negative	.... 23
Negative		Negative	.... 19
Positive		Negative	.... 50
Nil		Nil	.... 22

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## CONTACT HISTORY.

	AMONG		AMONG	
	ADMISSIONS		TOTAL TREATED	
In Home	....	55		109
Relative	....	7		26
At Work	....	7		16
Lodger	....	1		4
		<hr/> 70		<hr/> 155
		(44·30%)		(36·55%)

## INITIAL SYMPTOM

	ADMISSIONS	ALL PATIENTS
Cough ....	53	146
Haemoptysis ....	9	25
Dyspnoea ....	2	6
Hoarseness ....	2	6
Chest Pain ....	29	82
Lassitude ....	16	56
Wasting ....	9	21
Nil ....	34	78
Erythema Nodosum	4	4
	<hr/> 158	<hr/> 424

## COMPLICATIONS AND OTHER DISEASES.

The following complications etc., occurred in the 148 patients discharged :—

## T.B. Adenitis—

Cervical ....	1
Mediastinal ....	2
T.B. Knee Joint ....	1
T.B. Laryngitis ....	2
T.B. Pleurisy with Effusion	3
T.B. Spine ....	3
Acute Appendicitis ....	1
Asthma ....	1
Chronic Bronchitis ....	1
Diabetes Mellitus ....	2
Emphysema ....	1
Herpes Zoster ....	1
Mental Deficiency ....	1
Mental Disease ....	1
Osteo-arthritis ....	1
Phclo-nephrosis ....	1
Spontaneous Pneumothorax	1
Uraemia ....	1

## TREATMENT.

## Artificial Pneumothorax—

No. of Patients treated	8
No. of Inductions	3
No. of Refills	175



## Pneumoperitoneum—

No. of Patients treated	....	....	....	7
No. of Inductions	....	....	....	1
No. of Refills	....	....	....	206
Chest Aspirations	....	....	....	56
Thoracoscopy	....	....	....	3
Adhesion Section	....	....	....	3
Phrenic Nerve Paralysis	....	....	....	2
Chemotherapy—				
Streptomycin and P.A.S.	....	....	....	95
Streptomycin and Isoniazid	....	....	....	74
P.A.S. and Isoniazid	....	....	....	10
Streptomycin and P.A.S. and Isoniazid	....	....	....	77
Rotational Therapy	....	....	....	147
Viomycin	....	....	....	6
Major Surgery (Patients transferred for)—				
Thoracoplasty	....	....	....	18
Segmental Resection	....	....	....	12
Lobectomy	....	....	....	20
Pneumonectomy	....	....	....	1
Plombage	....	....	....	2
Decortication	....	....	....	1

## E.N.T. DEPARTMENT.

Laryngoscopy	....	....	....	346
Cauterization of Septum	....	....	....	4
Audiometer Tests	....	....	....	28

## DENTAL DEPARTMENT.

Extractions	....	....	....	480
Scalings	....	....	....	10
Fillings	....	....	....	87
Dentures	....	....	....	51
Repair of Dentures	....	....	....	7

## OPHTHALMIC DEPARTMENT.

Refractions	....	....	....	52
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## ORTHOPAEDIC DEPARTMENT.

Patients examined	....	....	....	51
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## X-RAY DEPARTMENT.

Films	....	....	....	4,045
Tomograms	....	....	....	301
Bronchograms	....	....	....	27
Screen Examinations	..	....	....	511
Barium Meals	....	....	....	7

## CHEMOTHERAPY

## Results of Treatment.

Of the 148 patients discharged 118 received chemotherapy. In all cases drugs were used in combinations of two or three. In 58 of them the combination of drugs was rotated e.g., streptomycin with P.A.S. might be followed by streptomycin with isoniazid, and this in turn might be followed by isoniazid with P.A.S. or by all three drugs used simultaneously. These are grouped in the Tables under the heading of Rotational Therapy.

In the following Table the results of treatment are set out. The various combinations are shown together with the extent of disease in the cases to which they were applied.

	Quiescent	Improved	No Material Improve- ment	Worse	Died	Total
Strep. and P.A.S. ...	26	11	6	0	2	45
Min. ...	10	3	2	—	0	15
Mod. ...	13	7	2	—	0	22
Adv. ...	3	1	2	—	2	8
Strep. and I.N.A.H.	4	8	3	0	0	15
Min. ...	1	0	0	—	—	1
Mod. ...	3	5	2	—	—	10
Adv. ...	0	3	1	—	—	4
Rotational Therapy	23	23	8	0	4	58
Min ...	2	2	0	—	0	4
Mod. ...	17	14	3	—	1	35
Adv. ...	4	7	5	—	3	19
Total	53	42	17	0	6	118



The effect of chemotherapy on the sputum is shown in the following Table :—

SPUTUM—CHANGE

	Streptomycin + P.A.S.	Streptomycin + I.N.A.H.	Rotational Therapy	Total
Pos. — Pos.	4	2	15	21
Neg. — Pos.	0	0	1	1
Neg.—Pos.—Neg.	12	1	8	21
Neg. — Neg.	7	6	2	15
Pos. — Neg.	12	6	29	47
Nil. — Nil.	10	0	3	13
Total ...	45	15	58	118

## INVESTIGATIONS.

**Sputum :—** .... (Total 5,357)

Direct Microscopy	....	....	3,424
Culture	....	....	1,379
Streptomycin Sensitivity	....	....	215
P.A.S. Sensitivity	....	....	169
I.N.A.H. Sensitivity	....	....	170
Laryngeal Swab	....	....	626
Gastric Lavage	....	....	643
Bronchoscopy	....	....	7
B.S.R.	....	....	3,120
Haemoglobin %	....	....	126
Blood Count	....	....	197
Blood Sugar	....	....	37
Blood Urea	....	....	16
Blood Grouping	....	....	2

**Pleural Fluid :—**

Direct Microscopy	....	....	2
Culture	....	....	12
Liver Function Test	....	....	5
Electrolytes	....	....	4
Glucose Tolerance Test	....	....	2

**Urine :—**

Direct Microscopy	....	....	159
Culture	....	....	1
Urea Clearance Test	....	....	13
Faeces—Direct Microscopy	....	....	1

Fractional Test Meal ....	....	....	5
Pus—Direct Microscopy ....	....	....	3
Vaginal Swab ....	....	....	2
Wassermann Reaction ....	....	....	1

#### RECREATIONAL FACILITIES.

Cinema performances are held at weekly intervals throughout the year. During the autumn and winter months various concert parties visited the Sanatorium for the entertainment of the patients. The concerts were usually at fortnightly intervals. I take this opportunity to thank all the artists concerned for coming here and providing so much enjoyment.

Once again I wish to thank the Hospital Library Council for their generosity in keeping our library so well stocked.

In conclusion I wish to express my thanks to the medical, nursing, clerical, and other staffs for the loyal co-operation and assistance which they have given me throughout the year.

ARTHUR J. WALSH, M.B., CH.B., D.P.H.

Medical Superintendent.



## TUBERCULOSIS CLINICS.

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During the year 1954, the routine attention to adult Tuberculous patients under the Dublin Corporation Service was carried out in the clinics in Charles Street and Nicholas Street. Total attendances at 28,029 is to all intents and purposes, the same as last year's figure. (See Table I). During the period, new attendances at the clinics showed a considerable drop. (Table II). This drop is also evident in the Primary Clinic. Table III shows the number of newly diagnosed cases during the year. In spite of the drop in new attendances, 7,016—1953 to 4,811—1954, these figures (i.e. newly diagnosed cases) show no corresponding drop, rather do they parallel the similar figures in other countries, where it is shown that tuberculous morbidity has not shown a drop in spite of a drop in mortality. Our mortality figures are 236 as against 268 in 1953. Table IV shows new cases of tuberculosis in age groups.

During the year the routine treatment of patients was carried out. Refill Clinics and specialist services (Orthopaedics, Oto-Rhino Laryngology, Dental) were continued. The administration to ambulant patients of Streptomycin with the usual adjuvants (P.A.S. and I.N.A.H.) has resulted in the necessity of providing facilities for such treatment in the Clinics. Figures covering these matters are shown.

The list of patients awaiting sanatorium treatment was graphed during the year. Some interesting facts have emerged from the examination of this chart. From a nominal zero in the week commencing the year, the number steadily rose to a maximum of 204 (137 male and 67 female) in the last week in July. At this time the waiting time (the time a patient who got an admission ticket had been on the waiting list), reached approximately 13 weeks for males and 8 weeks for females. From this date a steady decrease in all

these figures was noted, until in the latter weeks of the year, the gross waiting list figure reached 22 with no females. At this time, there were vacant beds in our Sanatoria for both men and women, those waiting being patients who were desirous of accommodation in one Sanatorium which had no vacant bed.

This satisfactory state of affairs was caused by a number of factors working together. While the rate of addition of patients to the list remained more or less normal for each week, the total figure made up of the numbers of discharges from the Sanatoria, the number removed from the list for other reasons and the number of patients in outside hospitals who did not avail of tickets increased. This left more available sanatorium vacancies week by week. As a result the waiting list has reached reasonable proportion as has the average waiting time for treatment.

Structural alterations to Charles Street Clinic were carried out. The reception office had for some time outgrown its accommodation and the main waiting room was modified so as to be used for this purpose. At the same time new interviewing cubicles were built adjoining the reception office for the use of the district nurses.

In the X-ray room, a new scheme of cubicles was built. This enables men and women to be X-rayed in complete privacy.

The X-ray records room was also modified at this time to fit the general scheme.

In March, the Clinic Service suffered a great loss in the untimely death of Dr. Brigid Walsh, Assistant Medical Officer in the Branch Clinic.

Dr. Gorman, transferred from Charles Street Clinic to St. Mary's. Dr. Murray was appointed to the position of A.M.O. which fell vacant on the death of Dr. Walsh. Dr. Drew transferred from St. Mary's.

Miss Glynn, Nurse Superintendent, resigned on 31st August.

C. GAILLEN,

Assistant City Medical Officer.



Number of Dwellings notified for disinfection	....	994
Number of X-Rays done during 1954 at Charles Street Clinic	....	9,303
Number of Children X-Rayed at Lord Edward Street Unit	....	4,231
Number of X-Rays done for General Practitioners		507
Number of Deaths from Tuberculosis	....	236

#### Bacteriological examinations :

Number of sputa examined	....	1,083
Number positive	....	298
Number of Laryngeal Swabs examined	....	1,080
Number Positive	....	156

Number of Artificial Pneumothorax and Pneumoperitoneum Refills administered .... 9,395

The Oto-Laryngologist, Mr. O'Connell, held 59 sessions and there were 1,510 attendances.

The Orthopaedic Surgeon, Mr. D. P. Murray, held 19 sessions and there were 183 attendances.

Weekly sessions in the Dental Department at Charles St. Clinic were held and the total attendances were 777.

Ambulant Chemotherapy	....	3,339
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TABLE SHOWING ATTENDANCES AT THE CLINICS DURING EACH MONTH OF THE YEAR 1954.

Month	Charles St. Clinic	Nicholas St. Clinic	Primary Clinic	Total
January ...	1,172	975	999	3,146
February ...	1,358	1,012	978	3,348
March ...	1,466	1,117	1,307	3,890
April ...	1,465	999	1,148	3,612
May ...	1,279	1,247	1,351	3,877
June ...	1,312	1,151	1,371	3,834
July ...	1,270	1,009	1,440	3,719
August ...	1,230	926	1,252	3,408
September ...	1,270	1,027	1,373	3,670
October ...	1,385	1,043	1,249	3,677
November ...	1,344	996	1,310	3,650
December ...	1,157	819	1,256	3,232
TOTALS ...	15,708	12,321	15,034	43,063

TABLE SHOWING NEW ATTENDANCES FOR EACH MONTH OF THE YEAR. 1954.

Month	Charles St. Clinic.	Nicholas St. Clinic	Primary Clinic	Total
January ...	120	101	213	434
February ...	198	119	158	475
March ...	193	97	239	529
April ...	171	93	141	405
May ...	171	110	129	410
June ...	168	93	151	412
July ...	139	87	167	393
August ...	127	84	109	320
September ...	109	74	187	370
October ...	141	75	156	372
November ...	128	84	105	317
December ...	91	68	215	374
TOTALS ...	1,756	1,085	1,970	4,811



TABLE SHOWING DIAGNOSES OF NEW CASES OF TUBERCULOSIS IN EACH OF THE CLINICS FOR THE YEAR 1954.

CLINIC	PULMONARY		NON-PULMONARY		TOTAL	
	Male	Female	Male	Female	Male	Female
Charles St. Clinic ...	274	248	36	59	310	307
Nicholas St. Clinic	268	242	32	41	300	283
Primary Clinic ...	215	233	19	23	234	256
TOTALS ...	757	723	87	123	844	846

TABLE SHOWING INITIAL SPUTUM STATUS OF NEW PULMONARY CASES

Age Classification	Positive			Negative		
	Male	Female	Total	Male	Female	Total
Under 5 ...	—	—	—	123	127	250
5 and under 15 ...	—	1	1	148	160	308
15 and under 25 ...	33	44	77	108	142	250
25 and under 35 ...	45	49	94	45	89	134
35 and under 45 ...	45	30	75	35	26	61
45 years and upwards ...	85	21	106	90	34	124
TOTALS ...	208	145	353	549	578	1127





### B.C.G. SCHEME.

In the 1953 Primary Clinic Annual Report fears were expressed that the decreased childhood Tuberculosis mortality then recorded might not be maintained during 1954. Two factors suggested this possibility :—

- (1) The increased whooping cough notifications in 1953 ; The raised incidence of whooping cough with consequent aftermath of lung complications is usually accompanied by increase of childhood Tuberculosis deaths.
- (2) There was still a list of adults awaiting admission to Sanatoria which created a potential danger of home infection.

It is pleasing to see that these fears were not realised in 1954 and the 86% decrease noted from 1947—1953 was maintained in 1954. Study of the following Table shows that most of the deaths were due to T.B. Meningitis (17), one was due to Pulmonary T.B. and one from T.B. Peritonitis.

Dublin Childhood T.B. Deaths 0—15 years.

	0—2 years	2—5 years	5—15 years
Pulmonary T.B. ....	—	1	—
T.B. Meningitis ....	11	3	3
T.B. Peritonitis ....	—	—	1
TOTAL ....	11	4	4

It will be noted that 17 of the 19 deaths were recorded as T.B. Meningitis and 15 of these children were under 5 years of age. Thirteen of the total deaths occurred in the first half of the year. Children under 5 years of age have little natural resistance to this

infection so that the figures point to the need of active prevention for this age group. As in previous years the returns of the Registrar General of the weekly deaths from Tuberculosis were checked to see if any of the children had B.C.G. vaccination. One of these deaths, recorded as T.B. Meningitis, was that of a child who had been B.C.G. Vaccinated, but on investigation the diagnosis was not substantiated by the bacteriological finding or history of the case. Every effort has been made to protect the youngest age group. During 1954, 2,041 infants were vaccinated in the Rotunda and Coombe Maternity Hospitals. In November, 1954, the Scheme was extended to the new Maternity Department of St. Kevin's Hospital.

A clinic for B.C.G. vaccinations was opened in the Health Centre, Old County Road, Crumlin, in September and Clinics were held twice weekly. This Clinic was additional to the Clinic at Quarry Road, Cabra, and 22 West Essex Street. Bi-weekly sessions were held at the Coombe and Rotunda Hospitals as in former years.

Since the B.C.G. Scheme commenced in late October, 1948, a total of 39,888 children and young adults were vaccinated at the end of 1954. The number of Tuberculin tests, prior to vaccination, totalled 80,960. The number of Post-vaccinal tests totalled 32,664. Combined Mass-Radiography, Tuberculin tests and B.C.G. Surveys were carried out in two Corporation groups of Flats but, as before, there was difficulty in getting the young adult group to take advantage of the Scheme. A similar Survey carried out in a New Housing Area met with better response.

In the early years of B.C.G. work, it was more common to meet with a fatalistic attitude to tuberculosis, and even yet a lack of endeavour to help themselves by availing of this protective measure is seen particularly in the adolescent group.

Vaccinations of Medical and Dental Students, Student Nurses, Garda recruits, factory workers, Tech-



nical and Secondary School Students, were continued throughout the year.

Combined Mass-Radiography, Tuberculin Surveys and B.C.G. Vaccinations were made in the following Schools :—

#### PRIMARY SCHOOLS :—

Aughavannagh Road.  
Artane.

Chapelized 1 and 2.  
Crumlin (St. Agnes').  
Crumlin Village (St. Mary's).

Donnycarney.  
Denmark Street.  
Dorset Street.

Francis Street C.B.S.  
Fairview (St. Mary's)  
Fishamble Street.  
Finglas H.F.

Goldenbridge.  
Greenlanes.

Harold's Cross (St. Clare's)  
Howth Road.  
Hill Street.  
Harold's Cross (Marymount).

Inchicore Oblate.  
Iona Road.

Keogh Square.  
Kildare Place.  
Killester Boys'.

Mount Jerome.  
Milltown Convent.

Northumberland Road.  
North Strand.

O'Connell's School.

Pearse Street.  
Phoenix Park.

Rutland Street.  
Rathgar Avenue.

St. Joseph's, Marino.  
St. Mary's Place.  
St. Andrew's, Rialto.  
St. James', Rialto.  
Seafield Road.

Terenure Convent.

Sion National School.

#### SECONDARY SCHOOLS :—

Alexandra College.  
Bertrand and Rutland High  
School.

Clyde Road (St. Conleth's).  
Christ Church Grammar School.

Diocesan School.

High School, Harcourt Street.

King's Hospital.

Masonic Boys'.

Norfolk College.

St. Mary's College, Rathmines.  
Sandford Park.

Wesley College.

# SCHOOL UNDER MANAGEMENT OF VOCATIONAL EDUCATIONAL COMMITTEE :—

Bolton Street.

Ballsbridge.

Marino.

Cathal Brugha Street.

Clogher Road.

Cabra.

Capel Street.

North Strand.

Parnell Square.

Rathmines.

Denmark Street.

Strand Street.

Kevin Street.

Ringsend.

During 1954, three of the Medical Staff attached to Charles Street, Nicholas St., and Primary Clinic, were trained as Vaccinators.

The following changes of Medical Staff took place during the year :—

Dr. P. Rowland commenced duties on 20/8/54. Dr. K. Piert resigned on 4/12/54 and was replaced by Dr. J. Kidney, temporary M.O.

The success of the Scheme is largely due to the teachers in the City Schools, who have encouraged response, and to the co-operation of the Medical and Nursing Staffs of the Maternity Hospitals in this work.

It is a pleasure to record the help received from Medical and Nursing colleagues in the City and to thank the Staff of the B.C.G. Clinic for their assistance in this work.

BRIDGET M. M. DUNLEVY,

L.R.C.P. & S.I., D.P.H.



## MASS RADIOGRAPHY CENTRE.

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The principal work of this Centre during the year has been the carrying out of large plate examinations, required as a result of mass miniature radiographic surveys for the City, and arranging the disposal of those found abnormal. The plant here was also used for all the large plate X-raying of children, which prior to the beginning of April, 1953, the Corporation had had to refer to non-Corporation hospitals for X-ray. The National Mass Radiography Association Ltd., to which the Corporation makes a financial contribution, now carries out all mass miniature radiography for Dublin. The Association installs its X-Ray apparatus in the Corporation's Lord Edward Street premises for the Public Session held each Monday afternoon and each Monday night. In addition, special sessions are held here by the association, for mothers attending ante-natal clinics and maternity hospitals, and also for children who are referred by the Corporation's B.C.G. service. When not so occupied, the Mass Radiography apparatus, being mobile, is occupied with visiting factories, institutions, etc. throughout the City. There is, in addition, a second miniature X-Ray Unit engaged all the time on mobile work. During 1954, 65,375 miniature X-Ray examinations were carried out—an increase of 16,722 on the previous year. The number of cases found with tuberculosis considered active here, was 387, with an additional 789 for observation.

The miniature X-Ray films are read by the Association's Radiologists in Tara Street. Where a full sized film is considered necessary for a suspected abnormality, an appointment is arranged for the person concerned to attend for this X-Ray in Lord Edward Street, and the Corporation's Radiologist interprets the large plates.

Likely cases of tuberculosis needing further supervision are seen by a tuberculosis officer at a weekly

clinic here. As the majority of these cases have been well enough to be working up to the time of their X-ray examination, a careful approach is very necessary in order to persuade them to have treatment and we are indebted to Dr. Costello, the Tuberculosis Officer concerned, for his diplomatic handling of this aspect of our work. Where the question arises as to whether a person has a neoplasm or other non-tuberculous condition, an arrangement is usually made to refer the individual concerned to a special clinic in Rialto Hospital, and we are indebted to the Physicians and Surgeons there for their valuable services in this respect.

The number of large plate examinations for children has also increased considerably—1,120 more having been X-rayed in 1954, than in the previous year. In view of the limited time available, for this work, and the growing requirements for the provision of large plate facilities arising out of mass radiography, it is hoped that in the coming year, it will be possible to transfer some of the X-ray examinations of children to the new department in Crumlin.

The number of examinations under the various categories was as follows :—

No. of Large Plate X-ray examinations .... 9,071

Comprised as follows :—

No. of Large Plate Recalls from Miniature Radiography ..... 2,757

No. of Recheck X-rays ..... 1,938

Children from Tuberculosis Clinics .... 4,231

No. of Staff Cases ..... 145

MICHAEL G. MAGAN,

Medical Director.



## VENEREAL DISEASE SERVICE.

---

During the year there have been several changes in the Service. The principal one was the closure of the Hospital of St. Margaret of Cortona. This Hospital had been formerly known as the Westmoreland Lock Hospital, or more commonly as "The Lock." It had been in operation continuously on the present site since 1792, when the site of the Hospital for Incurables was taken over. The site had thus been in use as a hospital since 1753. Due to the structural condition and the general unsuitability for modern conditions, it was decided to close the Hospital and to seek more suitable headquarters.

On the 1st October, the Headquarters of the V.D. Service were transferred to the Mater Misericordiae Hospital. I would like at this point to express my thanks to Dr. E. T. Freeman for his great help and co-operation during the negotiations to place the City's Venereal Disease Headquarters in a General Hospital.

The Clinics at the Rotunda and National Children's Hospital have continued to run in a very satisfactory manner, and it is pleasing to report that no congenital syphilitic child has been born to any mother who attended the Rotunda Clinic.

The important question of biological false positive reactions is one of the many problems which has been receiving a great deal of attention. The development by Nelson of the Treponema Immobilisation Test would appear to be the answer to this problem. However, this test, in which living *treponema pallida* are used, is a most complicated one in which the technical difficulties are numerous. It would appear to be the only test which is almost 100% accurate, and its use will be to determine whether a person who has a positive serological test and who exhibits no manifestations of syphilis, or from whom no history suggestive

of syphilis can be obtained, to determine whether they are suffering from syphilis or not.

Another problem which is becoming increasingly important is that of non-gonococcal urethritis. There would appear to be a world-wide increase in this condition, and it is estimated that over 40% of the cases of urethritis attending our clinics are suffering from this condition.

I would like to take this opportunity to express my thanks to Dr. J. A. Harbison, City Medical Officer, for his help and advice which were given most freely during the past year, and to the staff of the Public Health Department.

I would like also to thank the Master of the Rotunda Hospital, Dr. E. W. L. Thompson, and his Staff for their co-operation, and in particular Sister A. O'Dwyer.

F. M. LANIGAN-O'KEEFFE, M.D.

Venereologist.



# **VETERINARY DEPARTMENT**

## **REPORT**

BY

**SEAN O'DONOVAN, M.R.C.V.S., D.V.S.M.**

**Chief Veterinary Inspector and Superintendent of  
Abattoir.**

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### **Deputy Chief Veterinary Inspector :**

J. M. Murphy, M.R.C.V.S., D.V.S.M.

### **Deputy Superintendent of Abattoir :**

J. M. Morris, M.R.C.V.S.

### **Veterinary Inspectors :**

D. Reeves, M.R.C.V.S., D.V.S.M.

P. J. Nolan, M.R.C.V.S.

M. O'Boyle, M.R.C.V.S.

O. C. O'Hare, M.R.C.V.S.

J. A. Fallon, M.R.C.V.S.

J. P. Rehill, M.R.C.V.S.

### **Health Inspectors :**

P. Doherty.

D. Byrne.

L. Nolan.

Miss H. Long.

P. Walsh (Abattoir).

P. Kennedy (Milk Sampling Officer).

3 temporary Health Inspectors (Food Hygiene  
Inspection).

**Clerical Staff :—6 members.**

Midway in the year under review came the retiral of Mr. P. F. Dolan, from the position of Chief Veterinary Inspector and Superintendent of Abattoir, after a period of forty-one years service with the Corporation. As Chief since 1922 his active devotion to duty initiated and directed many advancements in the provision and distribution of Dublin's meat and milk supplies. During the years up to the implementation of Food Hygiene Regulations under the Health Act of 1947 all food inspection in the city was operated through the Veterinary Department, and Mr. Dolan can feel happy in his retirement at the success achieved under the difficult circumstances which obtained in the absence of legal standards of hygiene. His achievements shall be an inspiration to his successors.

The duties of the Veterinary Department are classified as follows :—

1. Milk Inspection.
2. Meat and other Food Inspection and Duties under Food Hygiene Regulations, 1950.
3. Duties under Diseases of Animals Acts.
4. Bacteriological Laboratory.
5. Attendance on Animals the Property of the Corporation.

#### MILK INSPECTION.

On the 31st December, 1954, the following were entered in the Register of Dairymen kept by the Corporation in accordance with the requirements of the Milk and Dairies Act, 1935 :—

No. of Dairymen registered	....	....	2,794
No. of Premises registered	....	....	2,599
No. of Producers of milk registered		....	119

During the year 256 premises comprising 224 milk shops, 12 milk stores, 18 dairy yards and 2 vehicles were registered. Refusal of registration orders were served in respect of applications for 21 premises.



The following is a summary of the Dealers' Licences issued under the Milk and Dairies (Special Designations) Regulations, 1938 :—

No. of licences issued	....	....	1,292
No. of premises licensed	....	....	1,350
No. of licences issued for sale of Pasteurised Milk	....	....	1,286
No. of licences issued for sale of Highest Grade Milk	....	....	6

Refusal Orders were served on 22 applicants for Dealers' Licences. Regular inspections of milk shops and milk stores were made by inspecting officers to ensure that the provisions of the Act were being complied with ; in the course of the year 7,993 inspections were made. When any breach of the conditions was observed, the matter was reported, and, if the Law Agent deemed it advisable, legal proceedings were instituted against the offender.

#### MILK SAMPLING.

During the year 28 samples of milk sold under General Designation and 408 samples sold under Special Designation were taken on the Corporation's own behalf at various places of distribution and submitted for bacteriological examinations to an official bacteriologist appointed under the Act. The samples of milk sold under special designation were taken from persons selling under the designation " Pasteurised Milk " and who were empowered to do so by virtue of a Dealer's Licence issued by the Corporation, and from persons selling milk under the designation " Highest Grade Milk " and who were empowered to do so by virtue of a Producer's Licence issued by the Department of Agriculture. A summary of the results is shown below :

Total Living Organisms per c.c.	General Designation		Special Designation	
	Winter	Summer	Winter	Summer
Not exceeding 1,000      ...      ...	—	—	4	—
Over 1,000 but not over 50,000	8	11	106	103
„ 50,000 „ „ „ 100,000	1	2	36	55
„ 100,000 „ „ „ 200,000	2	1	24	30
„ 200,000 „ „ „ 300,000	—	1	2	9
„ 300,000 „ „ „ 400,000	1	1	3	2
„ 400,000 „ „ „ 500,000	—	—	1	4
„ 500,000 „ „ „ 600,000	—	—	1	1
„ 600,000 „ „ „ 700,000	—	—	—	3
„ 700,000 „ „ „ 800,000	—	—	1	2
„ 800,000 „ „ „ 900,000	—	—	2	—
exceeding 900,000      ...      ...	—	—	11	8
TOTALS      ...      ...      ...	12	16	191	217

### SEDIMENTATION (OR DIRT) TEST.

This test was carried out in 321 cases. It has a strictly limited value. It is easily applied and the results can be demonstrated to the vendor at the time of examination. It reveals only gross contamination by physical dirt, (e.g., dust, hair, etc.), and gives no indication of the amount of bacterial contamination. A summary of the results is given below:—

Year	No. of Samples	Very Clean	Clean	Fairly Clean	Dirty	Very Dirty
1954	321	131	127	59	4	—



In addition to the foregoing sampling, 559 samples were forwarded to the State Chemist, on behalf of the Minister for Agriculture, who is the licensing authority for the production or pasteurising or bottling of all milk for sale under special designation. This total comprised 164 samples of Highest Grade Milk and 395 samples of Pasteurised Milk. For the year, 59 persons were the holders of licences for either the production or bottling of Highest Grade Milk. From 47 of these licence holders, milk was distributed in the City. 37 persons were holders of licences for either the pasteurisation of milk or the bottling of pasteurised milk, and thirteen of these were distributing milk in the City. One special designation licence for the sale of pasteurised milk in the Dublin Sales District was issued by the Department of Agriculture under the Emergency Powers Order, 1942.

#### EXAMINATION OF MILCH COWS IN CITY DAIRY YARDS.

Special visits were made to City Dairy Yards for the purpose of examination of the cows housed therein. Animals found to come within the provisions of the Bovine Tuberculosis Order, 1926, were immediately slaughtered. Samples of milk were taken from cows with abnormal udders and microscopically examined. In cases in which tubercle bacilli were found, the animals were immediately slaughtered. Notices interdicting the sale of milk from those cows affected with other forms of mastitis were served on the owners.

In the case of abnormal udders, which were negative on microscopic examination, samples of milk were submitted to the biological test. These methods were adopted to ensure that all cows with tuberculous udders were detected.

The following is a summary of the work :—

No. of cows housed in City Dairy Yards ....	3,071
No. of special visits to Dairy Yards .....	309

No. of examinations of milch cows	....	6,518
No. of cows from which separate samples of milk were taken for bacteriological examination	....	85
No. of samples taken and bacteriologically examined	....	94
No. of cows for which notices interdicting the sale of milk were served	....	48
No. of cows in City Dairy Yards found with tuberculosis of the udder	....	4
No. of cows in City Dairy Yards found with definite clinical symptoms and chronic cough	....	—

#### Summary of Prosecutions for Offences in Connection with Sale of Milk.

Offence	Number of Cases	Fines	D.P.O.A.	Court Poor Box
Sale of milk in un-registered premises. Sale of pasteurised milk without licence ... ..	1	£3	—	—
Sale of pasteurised milk without licence ... ..	1	10/-	—	—
Sale of milk in un-registered premises. Sale of pasteurised milk without licence ... ..	1	£3	—	—
Failure to renew Milk Dealer's Licence for sale of pasteurised milk ... ..	1	—	1	—
Failure to renew Milk Dealer's Licence for sale of pasteurised milk ... ..	1	Struck out	—	—
Continued sale of milk from un-registered premises ... ..	1	£15	—	—
Sale of milk from un-registered premises. Sale of pasteurised milk without licence ... ..	1	£3	—	—
TOTAL ... ..	7	£24 10s.	—	—



## MEAT INSPECTION.

Number of animals slaughtered at the Corporation Abattoir :—

Bulls	....	....	1,784
Bullocks	....	....	27,934
Cows	....	....	13,939
Heifers	....	....	21,943
Calves	....	....	748

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TOTAL CATTLE .... 66,351

Sheep	....	....	97,256
Swine	....	....	14,329

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TOTAL ANIMALS .... 177,936

Number of Victuallers using the Abattoir .... 136

Number of Pork Butchers using the Abattoir 32

Wholetime inspection was carried out at the Abattoir and inspection of the weekly Cattle Market was made. Weekly store cattle sales and special sheep sales were also inspected.

The amount of unsound meat condemned at the Abattoir was :—785 tons, 14 cwts., 3 qrs.

## CYSTICERCUS BOVIS.

Total number of cattle examined by Corporation Veterinary Officers	....	16,543
Total number of cattle affected	....	45
Percentage affected	....	·27

**Carcases Wholly or Partially condemned by the Corporation Staff at the Abattoir  
During the Twelve Months ended 31st December, 1954.**

	CATTLE		SHEEP		SWINE	
	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.
Tuberculosis ...	200	4,475	—	—	10	257
Traumatism ...	27	3,379	—	76	—	12
Oedematous and Wasted ...	42	—	22	—	1	—
Gangrene ...	—	—	—	—	—	—
Redwater ...	5	—	—	—	—	—
Moribund and Ill Bled ...	23	—	6	—	1	—
Decomposition ...	8	100	34	1	2	15
Septic conditions	78	390	13	—	14	100
Carcinoma ...	25	—	9	—	—	—
Swine Erysipelas	—	—	—	—	3	—
Other conditions	56	5,401	37	567	20	524
TOTALS ...	464	13,745	121	644	51	908



**Abattoir Post Mortem Examination of Tuberculous Carcases.**  
(By Corporation Staff).

Organs Etc., Condemned.	Cows	Heifers	Bullocks	Bulls	Calves	TOTAL
Pleura ...	129	45	42	3	2	221
Peritoneum ...	105	40	25	3	3	176
Pericardium ...	2	—	3	—	—	5
Lung Subst. ...	216	77	90	2	6	391
Liver Subst. ...	105	53	64	2	4	228
Spleen Subst. ...	52	25	28	1	1	107
Kidney ...	70	21	36	3	1	131
Uterus ...	63	15	2	—	—	80
Udder ...	7	—	—	—	—	7
Prescapular ...	20	20	28	2	2	72
Axillary ...	—	—	—	—	—	—
Precrural ...	7	12	17	—	—	36
Popliteal ...	15	10	22	1	—	48
Ischiatic ...	8	4	6	—	—	18
Dorsal ...	1	—	1	—	—	2
Suprasternal ...	29	13	6	1	1	50
Iliac ...	27	17	22	—	1	67
Sublumbar ...	2	2	2	—	—	6
Submaxillary ...	—	1	2	1	—	4
Subparotid ...	2	—	—	—	—	2
Pharyngeal ...	293	237	152	6	12	700
Prepectoral ...	1	4	3	—	—	8
Bronchial ...	565	345	227	5	12	1,154
Mediastinal ...	357	208	153	4	8	730
Mesenteric ...	285	124	102	4	7	522
Portal ...	238	143	116	4	6	507
Renal ...	15	10	14	—	1	40
S. Mammary ...	12	7	3	—	—	22
S. Inguinal ...	—	—	4	—	—	4
Condemned						
Whole ...	115	33	50	3	4	205
Partial ...	48	26	32	—	1	107
Strippings ...	22	11	4	—	1	38
Organs only ...	521	420	216	5	15	1,177
TOTAL NUMBER OF ANIMALS AFFECTED						1,527
No. of Animals killed.	3,601	9,477	2,591	126	748	
TOTAL NUMBER OF ANIMALS KILLED						16,543
Percentage Affected.	19·6	5·17	11·65	6·35	2·8	
PERCENTAGE OF TOTAL AFFECTED						9·23

## Return of Organs, etc., condemned by the Corporation Staff at the Abattoir for Twelve Months ending 31st December, 1954.

	Cattle	Sheep	Swine		Cattle	Sheep	Swine
LUNGS :				LIVERS :			
Tuberculosis	1,267	—	204	Tuberculosis	678	—	216
Abscesses ...	17	5	1	Abscesses ...	210	1	10
Pneumonia	50	—	129	Necrosis ...	13	—	—
Pleurisy ...	15	25	212	Cirrhosis	168	—	48
Parasitism	—	—	2	Echinococcus	8	—	2
Cysts ...	4	—	—	Distomatosis	113	46	2
Other conditions	60	24	21	Cav. Angiona	35	—	—
				Other conditions	148	109	149
HEARTS :				KIDNEYS :			
Tuberculosis	1,132	—	202	Tuberculosis	157	—	17
Other conditions	89	38	199	Nephritis	27	2	2
				Cysts ...	1	5	10
SKIRTS :				Other conditions	43	—	9
Tuberculosis	—	—	—	UTERI :			
Other conditions	2	—	2	Tuberculosis	61	—	—
				Other conditions	3	—	—
STOMACHS :				HEADS :			
Tuberculosis	673	—	148	Tuberculosis	758	—	532
Other conditions	—	9	43	Actino ...	131	—	—
				Abscesses ...	10	1	3
INTESTINES :				Other conditions	79	7	1
Tuberculosis	673	—	148	TONGUES :			
Other conditions	83	9	43	Tuberculosis	756	—	532
				Actino ...	131	—	—
SPLEENS :				Other conditions	90	7	4
Tuberculosis	96	—	23				
Other conditions	5	1	—				



## Return for 1954 of Animals examined by Department of Agriculture Veterinary Staff at Corporation Abattoir.

Class of Animal	No. Killed	Carcases Affected	Condemnations for Tuberculosis								Condemnations for other conditions		
			Car-cases	Part Car-cases	Hearts and Lungs	Stomachs	Intestines	Livers	Udders	Heads	Heads C. Bovis	Livers for Distom. Paras. etc.	Carcases
Cows ...	10,338	2,469	238	119	2,132	1,077	1,092	1,093	53	1,008	13	3,070	23 (1 Traumatism, 10 Septic, 12 Moribund and Ill Bled).
Bulls ...	1,661	281	9	—	215	57	57	57	—	129	2	164	22 (11 Cancer, 11 Oedema)
Bullocks	25,343	2,517	64	50	1,873	466	474	511	—	1,051	39	1,917	2 (1 Jaundice, 1 C. Bovis).
Heifers ...	12,466	1,270	37	22	866	215	226	243	2	1,988	13	808	2 Other Conditions
TOTAL	49,808	6,537	348	191	5,086	1,815	1,849	1,904	55	4,176	67	5,959	49

## PRIVATE SLAUGHTERHOUSES.

Number of private slaughterhouses	....	54
Number of victuallers using private slaughterhouses	....	146
Number of inspections of slaughterhouses		8,149

A prosecution for slaughtering a pig affected with Acute Swine Erysipelas without notifying Veterinary Department, resulted in a fine of £5.

## NUMBER OF ANIMALS TOTALLY CONDEMNED IN PRIVATE SLAUGHTERHOUSES.

Cattle	....	179
Sheep	....	9
Pigs	....	7

## ESTIMATE OF ANIMALS SLAUGHTERED IN PRIVATE SLAUGHTERHOUSES AND FACTORIES.

Cattle	....	38,454
Sheep and Lambs		127,920
Pigs	....	103,226

The amount of unsound meat condemned as a result of visits to private slaughterhouses was 151 tons, 0 cwts., 0 qrs., 6 lbs.

## CYSTICERCUS BOVIS.

Total number of cattle examined	....	30,965
Total number of cattle affected	....	103
Percentage affected	....	·33

## SLAUGHTER OF ANIMALS ACT, 1935.

Slaughter licences were issued under the Act to 140 applicants, and the fees received amounted to £35.

Number of Knacker's Yards	1
Number of Horse Slaughterhouses	1



## FOOD COMPLAINTS.

During the year 53 complaints were made by members of the public concerning food purchased by them in the city. Each complaint was investigated and, where necessary, an examination was made of the food on the vendor's premises.

The following is a list of the various articles submitted for examination with the number of complaints shown in brackets :—

Meat (21).	Cooking Fat (1).
Fish (4).	Milk (13).
Fowl (4).	Condensed Milk (1).
Sausages (2).	Jam (1).
Black Pudding (2).	Fruit Salad (1).
White Pudding (1).	Peas (1).
Brawn (1).	

## TOTAL WEIGHT OF UNSOUND FOOD FOR THE YEAR.

			Tons	Cwts.	Qrs.	Lbs.
Meat and Organs, Beef, Mutton,						
Pork, Bacon	....	....	932	9	0	25 $\frac{1}{4}$
Fowl and Game	....	....	0	5	3	11
Fish	....	....	3	9	0	0
Rabbits	....	....	0	10	3	14

## INSPECTIONS FOR UNSOUND FOOD.

During the year 663 visits were made to Food Shops.

There were 74 visits to Depots, Cold Stores and Factories. Markets were inspected on 248 occasions.

The number of occasions on which unsound food was reported to the Department and was condemned as a result of visits to depots etc., was 26.

## FOOD HYGIENE REGULATIONS, 1950.

During the year 57 new applications for registration, classified as follows, were received : Beef Butchers, 17 ; Pork Butchers, 11 ; Fish/Poultry/Rabbits, 7 ; Manufacturing and Wholesale, 18 ; Milk Bars, 3. The

premises in each case was inspected, and the applicant was notified of registration, provisional registration or refusal. In addition, premises which were provisionally registered at the close of 1953 were dealt with. The following table gives the position at the end of the year.

Type of Food Business	Registered	Provisionally Registered	Extended Provisional Registration	Refused	Appeal
Beef Butcher ... ..	286	4	2	19	11
Pork Butcher ... ..	109	2	1	3	3
Beef and Pork Butcher ...	11	1	—	—	—
Fish, Poultry, Rabbits ...	76	2	—	10	7
Food Manufacturing and Wholesale ... ..	33	7	5	7	5
Ice Cream Manufacturing	20	—	—	—	—
Milk Bar ... ..	7	—	—	—	—
Total ... ..	542	16	8	39	26

Under the regulations an applicant refused registration has the right of appeal to the Minister for Health. At the beginning of the year 19 appeals were in the hands of the Minister and 42 Refusal Orders were issued during the year. At the close of the year, of a total of 39 refusals shown in the Register of Food Premises, 26 cases were under appeal. In five cases of refusal the premises were subsequently brought into conformity with the regulations during 1954, and a new application was made and registration granted.

One Refusal Order was confirmed by the Minister. 21 appeals were allowed on satisfactory completion of the requirements and the premises were duly registered. In four cases of refusals which were under appeal, applications were withdrawn and the entries cancelled in the Register of Food Premises.

In one case of refusal which was under appeal, the business was sold before the appeal was concluded, and the premises having been brought into compliance with the Regulations, the new owner was registered on application.



Under Article 44, Sub-Articles 2 and 3, the names of a total of 44 applicants who withdrew their applications and of 11 applicants who ceased business without withdrawal were cancelled in the Register of Food Premises.

Under Article 44(1) the names of three applicants who transferred their business were cancelled, and the new proprietors' names were entered in the register.

One prosecution in connection with a premises contravening the Regulations resulted in a fine of £5. Two prosecutions in connection with the sale of unsound food were dismissed. In a case of prosecution for meat with dirty covering, a fine of £2 was imposed.

Apart from the supervisory visits of Veterinary Inspectors, 8,889 inspections of Food Premises were made by Health Inspectors during the year.

**Diseased and Suspected Animals dealt with in Markets, Lairs, etc., under Food Inspection during the Year, 1954.**

Animals dealt with	HOW CARCASSES WERE DEALT WITH				Removed outside our Jurisdiction
	Passed	Condemned			
		Total	Partial	Organs only	
Cattle ... 101	14	33	15	34	5
Sheep ... 6	2	2	1	1	—
Pigs ... —	—	—	—	—	—
TOTAL ... 107	16	35	16	35	5

**DISEASES OF ANIMALS ACTS.**

**BOVINE TUBERCULOSIS ORDER :**

No. of cows found to be affected with tuberculosis of the udder .... 6

No. of animals found to be showing definite clinical symptoms of tuberculosis with chronic cough .... 2

No. of cows with abnormal udders in City Dairy Yards, on samples of milk being bacteriologi- cally examined, found not to be affected with tuberculosis of the udder	....	....	81
Total number of animals dealt with			89

Eight animals were found to come within the scope of the Bovine Tuberculosis Order. Four of these were slaughtered by the owners. The other four were slaughtered by the Local Authority and the agreed valuation of the four animals amounted to £100 10s., and compensation amounting to £56 7s. 6d. was paid to the owners.

Routine work was carried out under the following Orders :—

Sheep Scab Order, Anthrax Order, Rabies Order,  
Parasitic Mange Order, Swine Fever Order  
and Foot and Mouth Disease Orders.

A prosecution for exposing sheep for sale, some of which were affected with Sheep Scab, resulted in a fine of £6.

The work performed in connection with other Orders under the Diseases of Animals Acts was mainly of a preventative nature.



THE NUMBER OF ANIMALS IN CATTLE MARKET DURING THE YEAR.

PERIOD	BEASTS		CALVES	SHEEP	PIGS
	Fat	Dairy			
March Quarter ...	52,088	1,893	148	63,736	18,736
June Quarter ...	34,518	1,605	221	80,861	22,347
September Quarter ...	59,997	2,853	399	104,281	20,921
December Quarter ...	64,873	2,369	490	79,316	17,563
TOTALS ...	211,476	8,720	1,258	328,194	79,567

## SPECIAL SHEEP SALES AND SALES OF STORE CATTLE DURING THE YEAR 1954.

PERIOD				SHEEP	STORE CATTLE
March Quarter ...	...	...	...	10	14,034
June Quarter ...	...	...	...	—	16,076
September Quarter	...	...	...	16,646	20,998
December Quarter	...	...	...	8,862	13,761
TOTALS	...	...	...	25,518	64,869



## BACTERIOLOGICAL LABORATORY.

## MICROSCOPIC EXAMINATION.

## SAMPLES OF MILK FROM COWS IN CITY DAIRY YARDS.

Number of examinations	....	....	94
Streptococci	....	....	41
Diplococci	....	....	3
Staphylococci	....	....	3
Tubercle Bacilli	....	....	9
Other organisms	....	....	2
Negative	....	....	36

## SAMPLES OF SPUTUM.

Number of examinations.	....	....	4
Tubercle Bacilli	....	....	—
Negative	....	....	4

## SAMPLES OF MILK OR SECRETION FROM COWS OTHER THAN IN CITY DAIRY YARDS.

Number of examinations	....	....	2
Tubercle Bacilli	....	....	2
Negative	....	....	—
Other organisms	....	....	—

## SAMPLES OF SPUTUM.

Number of examinations	....	....	1
Tubercle Bacilli	....	....	1
Negative	....	....	—

## BIOLOGICAL EXAMINATION OF MILK.

## GROUP SAMPLES.

Number of examinations	....	....	2
Positive	....	....	—
Negative	....	....	2

## DIRECT SAMPLES.

Number of examinations	....	....	18
Positive	....	....	—
Negative	....	....	18

## CONTROL SAMPLES TAKEN AT INFANT AID DEPOTS.

Number of examinations	18
Positive	2
Negative	16

## CONTROL SAMPLES TAKEN AT HOSPITALS.

Number of examinations	27
Positive	—
Negative	27

## MISCELLANEOUS CONTROL SAMPLES.

Number of examinations	97
Positive	1
Negative	96

## MICROSCOPIC EXAMINATION.

## (GENERAL)

## SKIN SCRAPINGS FOR PARASITIC MANGE.

Number of specimens	1
Positive	—
Negative	1

## BLOOD FILMS FOR ANTHRAX.

Number of specimens	34
Positive	—
Negative	34

## ATTENDANCE ON ANIMALS THE PROPERTY OF THE CORPORATION.

During the year 1954, sixty-one visits were made by Veterinary Inspectors to Crooksling Sanatorium Farm and the cattle, pigs and horses thereon received Veterinary attention when necessary.

The entire herd was subjected to the single intradermal tuberculin test using Weybridge Tuberculin (mammalian only) in April, 1954, and again in October, 1954.

At the April test all the animals were negative with the exception of two, which gave a doubtful reaction. These two were retested in two months and both gave a negative reaction.



At the October test all the animals passed the test with the exception of two which gave a positive reaction. These two animals were forthwith slaughtered at the Dublin Corporation Abattoir. In neither case was there any microscopic lesion of tuberculosis found but in one case there was a subcutaneous abscess found in the shoulder region which on further examination revealed itself to be actino-bacillosis.

The herd was vaccinated with Strain 19 as a preventative against Brucellosis with satisfactory results. There were, however, two premature births during the year but both cases were negative for the Field Strain of Brucellosis.

During the Summer Season the dry cows were given at intervals of two weeks, 100,000 units penicillin in a one c.c. base into each quarter, as a preventative against "Summer Mastitis." Not a single case of "Summer Mastitis" made its appearance during the year.

The number of animals purchased during the year was three and the number eliminated was twenty. It is of interest to note that a detailed post-mortem was carried out during the year by this Department on fifteen of the eliminated animals (including the two which gave a positive reaction to the tuberculin test) and in no case was there any naked eye lesion of tuberculosis found. The other five eliminated animals were slaughtered outside our jurisdiction.

On 31st December, 1954, the herd numbered 53 (fifty-three) cows, 3 (three) bulls, 9 (nine) heifers and 8 (eight) calves.

The following Tables give :—

- (1) An analysis of the causes of the elimination of animals since the formation of the herd in the month of October, 1926, to the end of 1954, and,
- (2) A summary of the results of post-mortems on 234 of the 357 eliminated animals during the period.

POST MORTEM EXAMINATIONS HELD ON 234 OF THE 357 ELIMINATED ANIMALS.

	Post Mortem Examinations	EVIDENCE OF TUBERCULOSIS FOUND				No Microscopic lesions of Tuberculosis
		Mesenterics	Bronchial & Mediastinal	Pharyngeal only	Pseudo-Tuberculosis	
Reactors : 66	...	12	27	2	3	18 (In one of these cases Biological proved positive)
Doubtful Reactors : 11	6	1	1	—	—	4
Remaining Eliminated Animals : 280	166	—	2	—	1	163

ELIMINATION OF ANIMALS IN HERD FROM OCTOBER, 1926 TO 31ST DECEMBER, 1954.

Reactors	Doubtful Reactors	Mastitis	Defective Quarters	Sterility	Milk Records	Bulls	Reactors to Agglutination Test	Other Causes	Total
66	11	96	15	33	57	11	7	61	357



## SANITARY DEPARTMENT.

The City of Dublin is divided for inspection purposes into 30 sanitary districts. Each district is allotted to a District Health Inspector.

There are four Supervising Health Inspectors—Patrick Lee, Laurence Gaffey, George Bowles and James Sweeney.

We have seven Health Inspectors employed in the Housing Department. Their work is supervised by Patrick Toal.

There are nine Health Inspectors temporarily employed carrying out a Housing Survey of the Central City unfit areas. Their work is supervised by Maurice Gorman, temporary Supervising Health Inspector.

There are two Inspectors on Port Health duties, and three Inspectors on Food and Drugs inspection.

In Marrowbone Lane Disinfection Depot, we have a Rodent Control Inspector, a Disinfector, and a Superintendent Health Inspector.

We have two Industrial Hygiene Inspectors.

Our Inspectors are assisted in their office work by a clerical staff of two Clerks and four Clerk-Typists. One Clerk-Typist is engaged wholtime on housing reports, another on food hygiene reports, another on Court work, and another on general reports and Secretary to the Chief Health Inspector.

The position of Infectious Diseases Enquiries Officer has been abolished and this work is now done by the District Health Inspectors. The post of Drains Inspector has also been abolished and our District Health Inspectors now do this work. Each Inspector takes his turn weekly as Drains Inspector.

Our Inspectors have received training in Rodent Control and they have now more responsibility in this connection in their own districts.

PATRICK COEN,  
Chief Health Inspector.



## GENERAL DISTRICT WORK.

With the exception of an hour's clerical work each morning, our District Inspectors' time is wholly spent on inspections. Where he finds Public Health nuisances he takes action to have them abated. All serious cases of nuisances and matters nearly affecting Public Health are reported through the Chief Health Inspector to the City Medical Officer. In this way, the City Medical Officer has many eyes and ears devoted to Public Health work throughout the City.

## COMPLAINTS ABOUT PUBLIC HEALTH NUISANCES.

Persons who consider that they are subject to Public Health nuisances by the act or default of other persons, write to us seeking a remedy. These letters of complaint may be directed to the City Manager, the Borough Surveyor, the Department of Health, the Housing Department and to the City Medical Officer, to whom they should have been addressed in the first instance. Many more complaints are made to us verbally by visit to our Department and verbally also by telephone. These complaints are entered in our complaint books—one for the North City and one for the South City. A good District Inspector who knows his district well and who is well known in his district, prevents many complaints reaching the office, accepts them from complainants on his district, and deals with them as a matter of routine. The following summary is an indication of the work done in this regard :—

Number of complaints entered in complaint books	....	....	....	4,021
Number of reports of Inspectors about complaints	....	....	....	2,483
Number of verbal notices to abate nuisances	....	....	....	5,641
Number of written notices to abate nuisances	....	....	....	5,402
Number of written notices to limewash premises	....	....	....	3,519



Other works done as a result of complaints and as a matter of routine, are :—

Inspections of tenement houses	....	25,024
Reinspection of tenement houses	....	6,440
Inspections of other houses	....	13,692
Inspections of offensive trade premises	....	269
Inspections of factories and Workshops		658
Inspections of Piggeries	....	1,474

#### DRAINAGE INSPECTIONS.

Each Inspector now has the opportunity of becoming familiar with drainage inspections as each Inspector in turn takes charge of the drains staff and controls and directs the drainage inspections for a week at a time.

Drains examined	....	2,111
Drains smoke tested	....	267
Drains water tested	....	101
Drains tested by fluorescene	....	89
Drains freed	....	1,468
Drains repaired	....	296

Other inspections carried out by our Inspectors were referred to other Departments of the Corporation for attention, such as

Number of cases of bug infestation referred to our Disinfecting Depot	329
Number of cases of rat infestation referred to our Disinfecting Depot	249
Number of cases of wastage of water reported to Waterworks Department	721
Number of cases of dangerous buildings referred to the City Architect's Department for attention	355

Inspections and work such as that immediately above is reciprocal between our Departments. The City Architect's Department refers matters in the

nature of Public Health nuisances to our Department for abatement. The Waterworks Department refer cases to us where there are nuisances arising from the non-use or the misuse, or the lack of use, of water services. Similarly, there is close liaison between the Disinfecting Depot and our Department, and in this regard a great volume of work is transacted by 'phone.

#### REBATE OF RATES.

Under Section 72 of the Local Government (Dublin) Act, 1930, owners of houses of not more than £8 Poor Law Valuation, and which houses are occupied by members of the working classes, secure a rebate of 20% of their rates on these houses, provided that these houses are certified by the Department of the City Medical Officer to be in good and tenantable repair. The purport of this Section is to encourage owners of this type of property to maintain their houses in good repair throughout the year and from year to year.

In 1954 there were 239 applications made in respect of 5,754 valuations of which 214 were rejected.

#### POISONS AND PHARMACY ACT, 1908.

The Regulations made under this Act deal with the granting of licences to persons other than registered pharmaceutical chemists, chemists, druggists or registered druggists, for the sale and storage of poison containing arsenic, tobacco alkaloids of tobacco, which are used exclusively in agriculture or horticulture, for the destruction of insects, fungi and bacteria, or as sheep dips, and also as weed killers.

During the year, 31 licences were operative and the licenced premises were subject to periodic inspection to ensure compliance with the Regulations governing the sale and storage of the scheduled poisonous substances.

#### FEMALE DOMESTIC SERVANTS' REGISTRIES.

The Byelaws made under Section 85 of the Public Health Acts (Amendment) Act, 1907, deal with the registration of persons who propose to carry on for



the purpose of private gain, the trade or business of keeper of a female domestic servants' registry, and these Byelaws deal also with the premises in which such trade is, or in which it is proposed to carry on such business. The Byelaws prescribe Regulations for the proper conduct of the trade or business, having particular regard to the prevention of fraud and immorality. During the year there were 13 female domestic servants' registries in operation, and they were inspected regularly to see if the business of the premises was in accord with the Corporation Byelaws.

During the year 1954, two new applications were received for permission to establish new registry offices. One was granted and the other was refused as the applicant resided outside this Country.

We seldom hear complaints regarding premises mentioned above because they are normally well conducted. During the year, however, there were queries and investigations from other Bodies whose social activities embraced the welfare of girls going abroad.

#### SANITARY PROSECUTIONS.

The Public Health (Ireland) Act, 1878, provides an admirable machine to deal with persons guilty of Public Health nuisances and who fail or refuse to comply with a notice of the Sanitary Authority requesting abatement of the nuisance. In these cases the City Manager prosecutes. Evidence is given in Court by the Supervising Health Inspector, who is, in fact, the complainant, and by the District Health Inspector. A solicitor from the Law Agent's Department presents the case in Court and assists the Justice to form an opinion. We seldom fail in our cases and some landlords have said that the Court is merely a vehicle for enforcing Corporation Orders.

Total Number of Summonses issued ....	329
Summonses Ordinary ....	255
Summonses Disobedience ....	23
Summonses Byelaws ....	50



Public Health (Amendment) Act, 1890,	
Section 22	1
Summonses adjourned	72

#### RESULTS OF PROSECUTIONS.

Orders obtained with costs	117
Orders obtained with Penalties and Costs	22
Orders obtained—No costs	7
Prohibition Orders obtained	3
Summonses abated before Court hearing	103
Summonses abated with Penalties and Costs	3
Summonses abated—No costs	7
Summonses dismissed	3
Summonses struck out	13
Summonses appealed to Circuit Court	5
Owners fined	41
Total amount of fines imposed	£450 18s. 0d.

#### HOUSING.

Apart from the work done by the District Health Inspector with regard to housing investigations, overcrowding investigations, investigations concerning disablement allowances, there is a large volume of work done by our Inspectors in the Housing Department. These inspections and investigations are concerned fundamentally with housing. When the District Health Inspector returns a house as unfit, and when an official representation or other like report has been made on the house by the City Medical Officer or his Deputy, the case is referred to the Housing Department for appropriate action under the 1931 Housing (Miscellaneous Provisions) Act. The Housing Department, sometimes, in this connection, call in the assistance of the Housing Advisory Board. This Board advises the Housing Department as to the action to be taken on foot of the Medical Officer's report or other information submitted to them. If it is accepted that a house is unfit for human habitation, the matter is brought



up at an official inquiry under the Housing Acts, in the City Hall. Here is a tabular result of the findings of such inquiries held during the year.

**Housing (Miscellaneous Provisions) Act, 1931—Section 23 Inquiries.**

Number of Section 23 Inquiries	....	2
Number of premises dealt with in these Inquiries	....	53
Number of families in these houses	....	84
Number of premises involved	....	358
Number of demolition orders made	....	35
Number of closing orders made	....	10
Number of undertakings accepted	....	6
Number of cases adjourned	....	2

**Housing (Amendment) Act, 1948—Sections 11 and 12.**

Section 11 of the above Act prohibits the use of multiple dwellings without the written permission of the Housing Authority. In Dublin, the Housing Authority is the Dublin Corporation. A person found guilty on summary conviction of an offence under this Section is liable to a fine of £100, or six months imprisonment, or both.

Section 12 of the Act lays down the conditions which the Housing Authority may attach to the granting of permission to use a dwelling as a multiple dwelling. These conditions give a measure of control over the condition of repair of the house, the number of separate flats to be permitted in the house, the maximum number of persons who may be permitted to occupy each flat, and finally, the fixing of the responsibility for the maintenance of the premises.

The object of this Section is very praiseworthy, in that it assists the Local Authority to repel conditions of overcrowding and to restrict the number of dwellings

that may deteriorate into the common tenement classes.

Number of premises surveyed and registered to date	....	....	....	6,842
Number of inspections of these premises during the year	....	....	....	7,592
Number of reinspections	....	....	....	750
Number of permissions reissued	....	....	....	400

### Official Representations.

Official representations mean representations made to the Dublin Corporation by the Dublin City Medical Officer. He represents that dwelling houses or areas of dwelling houses in the City are unfit for human habitation, and that the area, usually delineated on a map, is an area which should be dealt with either as a clearance area or as an improvement area. During the year, there were eight Housing Inquiries concerning unfit areas. The areas concerned were Beaver Street, Digges Street, Mercer Street, Marrowbone Lane, Pimlico, Edenmore, York Street and Finglas No. 3 Area. The last two have been postponed until 1955.

### HOUSING INSPECTORS' WORK.

#### Inspections re Housing Applications :

Overcrowdings	....	....	....	1,205
Sub-Tenancies	....	....	....	280
Section 23 reports	....	....	....	240
C.P.O. reports	....	....	....	110
Newly-Weds	....	....	....	280
Supplementary Grants	....	....	....	805
Tenant Purchase	....	....	....	457
Reinspections and appeals	....	....	....	1,225
Evictions and Special Reports	....	....	....	160
Total	....	....	....	4,762



There are seven of our Inspectors working in the Housing Department. One of these is engaged full-time on special investigation work covering evictions, special inspections and inspections in connection with Compulsory Purchase Orders. Another Inspector is employed mainly on work under Sections 11 and 12 of the Housing (Amendment) Act, 1948. The other five Inspectors are on general housing applications. One Inspector acts as Supervisor. Every Monday, Wednesday and Friday forenoons these Inspectors interview applicants for housing accommodation. These interviews approximate 800 per week.

In December last year, these Inspectors did trojan work in connection with the flooding in the North Strand area. They were assisted by a number of Health Inspector Students from the Technical Schools.

#### INFECTIOUS DISEASES REGULATIONS, 1948.

For the last year and a half, our District Health Inspectors have been carrying out investigations under the above Regulations. For any important and urgent cases, however, the services of one Inspector, who was formerly called the Epidemiological Officer, have been reserved to collect the necessary informations and submit the required reports. These reports are required in cases of Poliomyelitis, Meningococcal Meningitis, Typhoid and Paratyphoid.

Under the Infectious Diseases Regulations 1948, the City Medical Officer is obliged, on receipt of a notification of a case or a suspected case, or the probable source of infection with regard to infectious diseases, in his district, to have the case investigated for the purpose of finding out the nature and source of the infection, to prevent the spread of the infection and to remove conditions favourable to the spread of infection. The following cases were investigated by the Sanitary Staff.

#### SCARLET FEVER—532 CASES.

In 1954, 532 cases were investigated, and in no instance was a case or group of cases traced to infected



milk supply or other common food source. School-going contacts were excluded from school for one week and food handlers from work for a similar period. By arrangement with the Disinfecting Depot, all infected premises were disinfected.

The cases were notified as follows :—

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
143	139	129	121

#### DIPHTHERIA—17 CASES.

There occurred 17 cases of Diphtheria in the year under review. With the exception of two cases in a City Hospital and two other cases in one family, all were found to be isolated, and with no apparent connection with one another. None of the patients was immunised. There were four deaths. All school-going contacts were kept from school for seven days and food handlers excluded from work for a similar period. Advice regarding the necessity of having all children immunised was given to parents.

The cases were notified as follows :—

January, Nil ; February, 2 ; March, 2 ; April, Nil ; May, 2 ; June, Nil ; July, 1 ; August, Nil ; September, Nil ; October, Nil ; November, 4 ; December, 6.

There were nine male and eight female patients. The age distribution of the year's cases are shown in the following table :—

0-2 years	2-4 years	4-6 years	7 years and over
4	3	8	2

Faucial and nasal swabbing were done on home contacts. Forty-eight swabs taken were found to be negative.

#### ACUTE ANTERIOR POLIOMYELITIS (19 CASES).

Nineteen cases of Poliomyelitis were confirmed during the year. All were diffusely distributed, and no association was traced between any of the cases.



Enquiries were made in each case regarding movements of the patients, members of the household, visitors, parcels from abroad, contact with tourists and any recent illness in the household suggestive of abortive cases. A special report on each case notified was submitted to the Department of Health by the City Medical Officer. All premises were disinfected, and school-going contacts kept from school for 21 days. Instructions were given to all contacts as to the precautions they should take so as to prevent any further spread of the infection.

Twelve of the patients were females and seven were males. The age groups were as follows :—

0-2 years	2-4 years	4-10 years	10 years and over
8	3	3	5

#### DYSENTERY—37 CASES.

Thirty-seven cases of Dysentery were notified. All were investigated and, with the exception of seven cases that occurred in one family, no association was traced between any of the confirmed cases.

Regarding the family in which seven cases occurred, it is reported that they sickened one day after having dinner, and all had to receive hospital treatment. An investigation into the food they had eaten failed to disclose the presence of any dysentery infection.

The type of Dysentery notified was as follows :—

Flexner	Sonne	Newcastle	Unspecified
19	7	1	10

In an endeavour to trace “carriers,” specimens of faeces were obtained from fifty-nine contacts. Four were found to be positive, two were removed to hospital for treatment, while the remaining two were referred to their doctors for attention.

#### TYPHOID FEVER—4 CASES.

Four cases of Typhoid were notified during the year. The first case notified was a female patient in Grangegorman Mental Hospital. As she had been a

considerable time in that Institution, there appears to be no doubt that she contracted the infection there.

The second case notified was a young civil servant who went on holidays during the Summer to France and Spain. He spent some time hiking and camping in the Pyrenees Mountains and was quite sick on his return home. There is no doubt that he got the infection somewhere on the Continent. This case should serve as a warning to our young hikers to be careful where they get their food and water supplies when camping on the Continent.

The third and Fourth cases were two children from the same family. The mother of these two children was a "carrier" of the disease. The necessary arrangements were made to have her treated.

#### CEREBRO SPINAL FEVER—22 CASES.

Twenty-two cases of this disease were notified during 1954. No connections could be found between any of the cases. All school-going contacts were kept from school for twenty-one days. Special reports on all twenty-two cases were submitted to the Department of Health by the City Medical Officer.

#### MALARIA—1 CASE.

One case of Benign Tertian Malaria was notified. This was a young man who served with the British Forces in the Far East and who contracted Malaria out there. He apparently suffered a relapse on his return home.

#### UNDULANT FEVER—1 CASE.

One case of Undulant Fever was notified during the year.

#### WATER.

Our Health Inspectors take daily samples.

The Liffey water supply feeds Ballyfermot, Chapelizod, Phoenix Park area, Navan Road area and Cabra.



The Vartry supply feeds Clontarf, Howth and Fairview, Donnycarney and Sandymount, Ringsend and Ballsbridge, Donnybrook and the City east of O'Connell Bridge.

The Dodder feeds Harold's Cross area, the old townships of Rathmines and Rathgar and Terenure.

There are service reservoirs in use for the Liffey at Tallaght, for the Vartry at Stillorgan and for the Dodder at Ballyboden.

All our supplies from the above main sources are of slow sand filtration, save the Poulaphouca (Liffey) supply which is a rapid gravity filtration plant.

## FOOD.

With regard to food sampling, all the Health Inspectors employed by the Dublin Corporation are authorised officers for the purpose of Parts 9 of the Health Act, 1947, and also for the purpose of enforcing the provisions of the Food Hygiene Regulations, 1950. The order of the Dublin City Manager and Town Clerk conferring this authorisation was made on the 6th day of August, 1952.

Our Inspectors inspect food premises, they seize and detain articles of food intended for human consumption which they suspect to be diseased, contaminated or otherwise unfit for human consumption, and they inspect food manufactories, restaurants, hotels, butchers, poulterers and other food premises in which registration has been declared necessary by Ministerial Order.

With regard to food premises registered under the Food Hygiene Regulations, we have had, during the year :—

## CATERING PREMISES.

Unprovisional Registrations, 605 ; Provisional Registrations, 15 ; Cancellations, 53 ; Refusals, 16.

## MANUFACTURING PREMISES.

Unprovisional Registrations, 44 ; Provisional Registrations, 8 ; Cancellations, 72 ; Refusals, 42.

A person who is aggrieved by the decision of the Dublin Corporation, acting as the Local Authority, in relation to the refusal of the Corporation to register his food premises, may appeal in writing to the Minister against such decision. This right of appeal has been availed of in all cases. If anyone is aggrieved by the decision of the Minister, he may appeal to the Court.

## FOOD AND DRUGS SAMPLES.

Submitted hereunder is a list of the samples of foodstuffs taken by our Food and Drugs Inspectors under the Sale of Food and Drugs Acts, throughout the year. The total number of samples taken was 5,394.



Articles Collected.	No.	No. Certified Adulterated.	No. of Prosecutions.	No. of Convictions.	Penalties Imposed.
Milk ...	3,206	54	39*	38	Fines : £26 6 0. Costs : £12 10 0. Poor Box : £17 0 0.
Buttermilk ...	12	1	1	1	P.O. Act :
Butter ...	415	2	2*	1	Poor Box : 10/-.
Margarine ...	123	—	—	—	Poor Box : £1.
Ice Cream ...	204	8	8	8	—
Cream ...	8	—	—	—	Fines : £12.
Cheese ...	29	—	—	—	Poor Box : £5.
Cookeen ...	34	—	—	—	—
Frytex ...	7	—	—	—	—
Cooking Fat ...	1	—	—	—	—
Lard ...	52	—	—	—	—
Dripping ...	69	1	Listed for hearing.	—	—
Black Pudding ...	6	—	—	—	—
White Pudding ...	7	—	—	—	—
Sausages ...	59	5*	1	1	P.O. Act. Donation in Poor Box.
Sausage Meat ...	5	—	—	—	—
Suet ...	2	—	—	—	—
Brawn ...	7	—	—	—	—

Articles Collected.	No.	No. Certified Adulterated.	No. of Prosecutions.	No. of Convictions.	Penalties Imposed.
Minced Meat ...	39	9*	7	7	Fines : £16. Poor Box : £9.
Tripe ...	1	—	—	—	—
Rice ...	103	—	—	—	—
Semolina ...	47	—	—	—	—
Self Raising Flour ...	24	—	—	—	—
Lentils ...	10	—	—	—	—
Flour ...	14	—	—	—	—
Bread Soda ...	18	—	—	—	—
Tapioca ...	29	—	—	—	—
Cocoa ...	5	—	—	—	—
Tea ...	17	—	—	—	—
Bourn-Vita ...	6	—	—	—	—
Drinking Chocolate	3	—	—	—	—
Wheat Flakes ...	1	—	—	—	—
Farex ...	5	—	—	—	—
Flake Oatmeal	75	—	—	—	—
Cornflour ...	42	—	—	—	—
Blancmange	1	—	—	—	—
Macaroni ...	8	—	—	—	—
Cake Mixture	—	—	—	—	—
Milk Pudding	1	—	—	—	—
Puddena ...	1	—	—	—	—



Articles Collected.	No.	No. Certified Adulterated.	No. of Prosecutions.	No. of Convictions.	Penalties Imposed.
Pearl Barley	35	—	—	—	—
Farola ...	26	—	—	—	—
Wheaten Meal	3	—	—	—	—
Forinoca ...	3	—	—	—	—
Sago ...	26	—	—	—	—
Sugar ...	20	—	—	—	—
Icing Sugar	8	—	—	—	—
Brown Sugar	6	—	—	—	—
Castor Sugar	6	—	—	—	—
Demerara Sugar	1	—	—	—	—
Glucose ...	19	—	—	—	—
Custard Powder	15	—	—	—	—
Cornflakes	3	—	—	—	—
Chicken Noodle Soup	1	—	—	—	—
Neaves Food	3	—	—	—	—
Ovaltine ...	1	—	—	—	—
Whole Meal	1	—	—	—	—
Baking Powder	2	—	—	—	—
Pie Filling	1	—	—	—	—
Peas ...	12	—	—	—	—
Split Peas	1	—	—	—	—
Ryvita ...	1	—	—	—	—

Articles Collected.	No.	No. Certified Adulterated.	No. of Prosecutions.	No. of Convictions.	Penalties Imposed.
Shredded Beef Suet	2	—	—	—	—
Almond Icing ...	1	—	—	—	—
Whole Almonds ...	1	—	—	—	—
Ground Almonds ...	6	—	—	—	—
Glace Cherries ...	6	—	—	—	—
Apricots ...	1	—	—	—	—
Muscateles ...	2	—	—	—	—
Candied Peel ...	5	—	—	—	—
Fruit Salad ...	1	—	—	—	—
Cooking Figs ...	1	—	—	—	—
Plum Pudding Mix	2	—	—	—	—
Ground Rice ...	1	—	—	—	—
Vermicelli ...	2	—	—	—	—
Cocoanut ...	3	—	—	—	—
Currants ...	14	—	—	—	—
Sultanas ...	12	—	—	—	—
Raisins ...	19	—	—	—	—
Prunes ...	4	—	—	—	—
Sauce ...	5	—	—	—	—
Bisto ...	2	—	—	—	—
Baby Flake Meal ...	3	—	—	—	—
Lemon Curd ...	2	—	—	—	—



Articles Collected.	No.	No. Certified Adulterated.	No. of Prosecutions.	No. of Convictions.	Penalties Imposed.
Pepper ...	5	—	—	—	—
Mustard ...	3	—	—	—	—
Vinegar ...	9	—	—	—	—
Dates ...	3	—	—	—	—
Coffee ...	10	—	—	—	—
Coffee and Chicory	2	—	—	—	—
Jam ...	19	—	—	—	—
Salt ...	3	—	—	—	—
Marmalade	2	—	—	—	—
Carrageen Moss	1	—	—	—	—
Yorkshire Relish	1	—	—	—	—
Whiskey* ...	92	18	17	13	—
					Fines : £91 10 0. Costs : £4. Poor Box : £49 0 0.
White Wine	1	—	—	—	—
Brandy ...	2	—	—	—	—
Gin ...	1	—	—	—	—
Ale ...	4	—	—	—	—
Stout ...	12	—	—	—	—
Porter ...	4	—	—	—	—
Cider ...	1	—	—	—	—
Cydrax ...	1	—	—	—	—
Orange Squash	1	—	—	—	—
Lemon Soda	2	—	—	—	—
Lemonade	1	—	—	—	—

Articles Collected.	No.	No. Certified Adulterated.	No. of Prosecutions.	No. of Convictions.	Penalties Imposed.
Tawny Wine ...	1	—	—	—	—
Ciderette ...	1	—	—	—	—
Vimto ...	1	—	—	—	—
Orange Crush ...	1	—	—	—	—
Cream Soda ...	1	—	—	—	—
Glucodin ...	1	—	—	—	—
Tincture of Quinine	1	1	1	1	P.O. Act. Poor Box : £3.
Liquid Paraffin ...	8	—	—	—	—
Glauber Salts ...	1	—	—	—	—
Bi. Soda ...	1	—	—	—	—
Olive Oil ...	6	—	—	—	—
Lime Water ...	1	—	—	—	—
Lugol's Sol. ...	4	2*	1	1	P.O. Act. Poor Box : £2.
Cod Liver Oil ...	2	—	—	—	—
Tincture of Iodine	1	—	—	—	—
Cascara Cagrada ...	2	—	—	—	—
Total ...	5,207				

\* Milk : 1 case dismissed ; 1 case—no service of summons ; 8 cases—no legal action ; 6 presently listed for hearing.

\* Butter : 1 case not yet disposed of.

\* Sausages : 4 cases—no legal action—warning letter sent.

\* Minced Meat : 2 cases listed for hearing.

\* Lugol Sol. : 1 case listed for hearing.

\* Whiskey : 1 case dismissed ; 1 case—no legal action ; 3 cases—listed for hearing ; 2 cases of obstruction and refusal to sell whiskey ; 2 convictions. Total—£20 fines.



## BURIAL GROUNDS.

The burial grounds in our City are :—

Goldenbridge Cemetery.

Officers' Cemetery, Royal Kilmainham Hospital.

Old Men's Cemetery, Royal Kilmainham Hospital.

Bully's Acre Cemetery, Royal Kilmainham Hospital.

Mount Jerome Cemetery.

Parnell Road Jewish Holy Burial Society Cemetery.

St. Catherine's Burial Ground, Thomas Court.

St. Audeon's Cemetery, High Street.

St. John's Cemetery, John's Lane, E.

Capuchin Cemetery, Cathedral Lane, commonly called the Cabbage Patch.

Christchurch Place Crypt.

French Huguenot Cemeteries, Merrion Row, Leinster Row and Peter Street.

St. Nicholas Without, and St. Luke, Coombe.

St. Patrick's Cathedral Cemetery, St. Patrick's Close.

St. Kevin's Cemetery, Camden Row.

St. Bride's Cemetery, Werburgh Street.

St. Peter's Cemetery, Aungier Street.

St. Andrew's Cemetery, St. Andrew Street.

St. Mark's Cemetery, Pearse Street.

St. Matthew's Cemetery, Irishtown.

Rathfarnham Cemetery.

Donnybrook Cemetery, Donnybrook Road.

Merrion Road Cemetery.

Old Ballyfermot Cemetery.

Bluebell Cemetery, Inchicore.

St. Mary's, Crumlin.

St. Mobhi's Churchyard, Ballymun Road.

St. George's Burial Ground, Whitworth Road.

Jewish Cemetery, Fairview Strand.

Drumcondra Cemetery, Church Avenue.

Clontarf Cemetery, Castle Avenue.  
 Killester Cemetery, Killester Avenue.  
 St. Michan's Cemetery, Church Street.  
 St. Paul's Cemetery, North King Street.  
 Chapelizod Cemetery, Chapelizod.  
 Grangegorman Military Cemetery, Blackhorse Ave.  
 Arbour Hill Military Cemetery, Arbour Hill.  
 St. Mary's Abbey, Howth.  
 Old Abbey Cemetery, Howth.  
 St. Fintan's Cemetery, Sutton.  
 Kilbarrack Burial Ground, Kilbarrack.  
 St. Canice's Burial Ground, The Green, Finglas.  
 Prospect Cemetery, Glasnevin.  
 St. George's Cemetery, Hill Street.  
 St. Mary's Cemetery, Jervis Street.  
 Hibernian Schools Cemetery, Phoenix Park.  
 Raheny Cemetery, Raheny Village.

In accordance with Part 3 of the Public Health (Ireland) Act, 1878 and Part 6 of the Local Government (Sanitary Services) Act, 1948, and in accordance with the rules and regulations for the control of burial grounds, dated 6th July, 1888, our Health Inspectors carry out regular surveys of our burial grounds. Should it seem necessary that because any burial ground is so overcrowded as to prevent proper respect due to the remains of deceased persons, or for the protection of public decency or health, that it should be closed, a detailed survey is carried out, maps are prepared and representations made that the burial ground be closed.

## INDUSTRIAL HYGIENE.

We have two Inspectors engaged, wholetime, on this work. They examine all plans sent to the City Medical Officer to see that they are fully in accord with Public Health requirements. They also deal with fire risks under the 1940 Fire Brigade Act. A portion



of their time is taken up with the question of atmospheric pollution and other pollutions arising from industry.

In the summary of returns under this heading, it can be noted that there is an increase in the number of plans submitted compared to last year. This increase is noticeable with regard to factories and shops. The plans and specifications must show that the premises to be completed will comply in all respects with the Health Acts, Factories Acts, Shops Acts and Food Hygiene Regulations. In any proposal where a boiler installation was to be used for industrial or central heating purposes, approval was given on the condition that adequate measures would be taken to ensure smokeless combustion, so that there might be no nuisance arising from an undue emission of smoke. The measures recommended were the use of smokeless fuels, either liquid or solid, underfeed mechanical coal stokers, and in the case of turf, the firing to be by means of the Mona Jet Burner.

In trades or processes where nuisances might arise from dust, dirt, fumes or bad odours, the installation of a mechanical local exhaust system of ventilation was required.

A pleasing feature of our industrial hygiene work this year was the co-operation received from architects, engineers and workshop management, so that in no case was it necessary to resort to legal proceedings.

The returns in summary form follow :—

## RETURN OF OPERATIONS UNDER INDUSTRIAL HYGIENE.

JANUARY TO DECEMBER, 1954.

	No. of Plans Lodged	Insp. of Prem- ises	Consul- tations with Tech- nicians	Rejee- tions	INTERDEPARTMENTAL REPORTS		
					City Architect	E. & T. Plan- ning	Fire Brigade
Factories ...	59	26	59	—	57	5	13
Workshops ...	15	4	1	—	13	—	9
Stores ...	19	—	4	—	24	—	2
Shops ...	107	54	71	—	80	—	1
Offices ...	19	4	7	—	14	—	—
Institutions ...	40	6	36	—	38	—	—
Temporary Buildings ...	24	5	—	—	19	1	—
Residential Premises ...	14	1	14	1	17	—	6
Other Premises	53	14	24	1	44	—	5
FOOD PREMISES							
Butchers' Shops	5	2	—	—	5	—	—
Canteens and Restaurants	14	4	9	—	15	—	—
Meat Products and Canning	6	2	9	—	4	—	—
Fish and Poultry ...	1	—	1	—	—	—	—
Sweet Factories ...	3	1	5	—	4	—	—
Licensed Premises ...	13	4	8	—	13	—	—
Hotels ...	5	—	4	—	3	—	—
Bakeries ...	6	—	3	—	6	—	—
Dairies ...	1	—	3	—	1	—	—
General Food Factories ...	3	1	1	—	1	—	—
Mineral Water Factories ...	1	2	1	—	1	—	—
Egg Stores ...	—	—	—	—	—	—	—
Ice Cream Manufacturers	—	—	—	—	—	—	—
Green Grocery Shops ...	3	1	—	—	1	—	—
Grocery and Confectionery	3	2	—	—	1	—	—



## INDUSTRIAL HYGIENE.

	Inspections	Statutory or Verbal Notices		Nature of Remedial Measures
		V.N.	W.N.	
Smoke Emission ...	47	18	2	Proper method of hand firing boilers introduced. Flues repaired and chimneys raised. Installation of an economiser and a grit arrestor. Substitution of smokeless fuel. Oil burning equipment installed. Mechanical local exhaust ventilation installed. New boiler plant and grit arrestor ordered in one case.
Grit Emission ...	10	7	—	
Dust Emission ...	4	—	—	
Fumes Emission ...	—	1	—	
Odour Emission ...	—	—	—	
Effluent Emission ...	—	—	—	
Inspections with Inspectors re general defects in Industrial and Commercial Premises ...	9	—	—	

J. BRADLEY AND  
C. REYNOLDS.

## PORT HEALTH SERVICE.

### 1. STAFF.

TABLE A.

Name of Officer	Appointment	Date of Appointment	Qualification	Other Appointments
O'Riordan, J. P.	Port Medical Officer.	8th Dec., 1952.	M.B., D.P.H., D.C.H.	Airport Medical Officer.
Crowe, M.	Acting Port Medical Officer.	1st May, 1952.	F.R.C.P.I., L.R.C.P. & S.I., D.P.H.	Deputy City Medical Officer.
Conroy, P. J.	Health Inspector.	1st April, 1947.	Cert. San. Sc.	—
Reilly, P.A.	Health Inspector.	1st Jan., 1952.	Cert. San. Sc.	—
Duffy, D. M.	Secretary to Port Medical Officer.	16th Oct., 1953.	—	—

Dr. J. P. O'Riordan left the service on 1st May, 1954, and since then, Dr. M. Crowe, Deputy City Medical Officer, has acted as Port Medical Officer pending a new appointment.

### 2. LEGISLATION RELATING TO PORT HEALTH ADMINISTRATION.

The principal Acts and Regulations administered by this service are :—

- (a) Health Act, 1947.
- (b) Infectious Diseases (Shipping) Regulations, 1948.
- (c) Infectious Diseases Regulations, 1948.
- (d) Food Hygiene Regulations, 1950.
- (e) Rats and Mice Destruction Act, 1919.
- (f) Foot and Mouth Disease (Disposal of Swill) Order, 1937.
- (g) Public Health (Ireland) Act, 1878.



(h) Public Health (Saorstat Eireann) (Preservatives, etc. in Food) Regulations, 1928 and Amendment, 1943.

(i) Infectious Diseases (Amendment) Regulations, 1952.

### INTERNATIONAL.

International Sanitary Regulations. World Health Organisation Regulations, No. 2.

### 3. AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR, 1954.

(i) A total of 5,162 vessels entered the Port with a total net tonnage of 3,712,274, an increase of 108 ships and 117,584 tons over 1953.

TABLE B.

Year	NUMBER OF VESSELS			Total Vessels	Total Tonnage	
	Overseas	Coasting				
		Coasters	Colliers			
1938	...	581	2,728	2,172	5,481	2,885,958
1942	...	90	1,481	1,504	3,075	1,076,410
1943	...	89	1,268	1,490	2,847	952,234
1944	...	66	1,098	1,245	2,409	872,026
1945	...	110	1,303	1,336	2,758	1,085,801
1946	...	340	1,796	1,801	3,937	1,673,033
1947	...	721	1,795	805	3,366	2,374,001
1948	...	765	1,908	1,608	4,281	2,814,086
1949	...	814	2,014	1,601	4,429	3,062,093
1950	...	911	2,263	1,547	4,721	3,396,401
1951	...	1,014	2,283	1,227	4,524	3,435,719
1952	...	882	2,578	1,369	4,673	3,522,376
1953	...	928	2,608	1,298	5,054	3,594,690
1954	...	965	—	—	5,162	3,712,274

(ii) During the year ships came to Dublin from the following foreign ports (Ports in the State, Northern Ireland, Great Britain, the Isle of Man, or the Channel Islands are not considered to be “foreign ports”).

## AMERICAS.

Baltimore.  
Boston.  
Buenos Aires.  
Bahia Blanca.

Curacao.  
Cambellton.  
Churchill.  
Chicago.

Dalhousie.

Galveston.  
Georgetown.

Halifax.

Houston.

Jacksonville.

Miami.  
Montreal.  
Mobile.  
Montevideo.

New York.  
Norfolk, Va.  
New Orleans.

Philadelphia.  
Pointe-a-Pierre.  
Port Alberni.

Roseau.

Savannah.  
St. John, N.B.  
Santa Cruz.  
San Francisco.  
St. Annes des Monts.

Tampa.  
Trinidad.  
Tocopilla.  
Tunas de Zaza.  
Three Rivers.

Vancouver.  
Valparaiso.

## ASIA AND AUSTRALASIA.

Albany.

Brisbane.  
Bahrein.

Calcutta.  
Chalna.  
Cochin.

Geelong.

Haifa.  
Hokkaido.  
Hong Kong.

Kobe.

Labuan.

Nagoya.  
Nagasaki.

Otaru.

Port Chalmers.

Singapore.  
Sydney.

Vizagapatam.

Wallaroo.

Yokohama.

## AFRICA.

Alexandria.

Beira.  
Bona.  
Bathurst.

Casablanca.  
Capetown.

Dar-es-Salaam.

Lagos.  
Las Palmas.

Mombasa.  
Mostagenem.

Oran.

Port Harcourt.  
Port Lyautey.

Sfax.

Teneriffe.  
Tunis.



## EUROPE.

Abo.	Hernosand.	Patras.
Almeria.	Helsinki.	Patriksfjord.
Amsterdam.	Holmsund.	
Antwerp.	Horsens.	Rotterdam.
Archangel.	Heraklion.	Rouen.
	Hammerfall.	Reykjavik.
Bremen.		Rafso.
Bordeaux.	Istanbul.	Rauma.
Bolsta.	Ijmuiden.	
Bayonne.	Kopmanholmen.	Stugsund.
Bastia.	Kotka.	Seville.
Boulogne.	Kasko.	Svendborg.
	Karlskrona.	Scheveningen.
Cadiz.	Karlshamn.	Svartvik.
Candia.	Koge.	Sandviken.
Constansa.	Kiel.	Sundsvall.
Copenhagen.	Kalmar.	Soderhamn.
Cartagena.	Kristinestad.	Sodertelje.
Drammen.		
Faginken.	Lisbon.	Turku.
Faxe Bay.	Leixoes.	Thorshavn.
Funchal.	La Rochelle.	Trondheim.
Famagusta.		Toppila.
	Marseilles.	Tromso.
Gothenburg.	Massluis.	
Genoa.	Mantyluoto.	Ulvik.
Ghent.	Malaga.	
Gefle.	Norrkoping.	Valencia.
Groningen.		Vigo.
Gandia.	Ostend.	Vlaaringen.
	Oporto.	Vilvorde.
Haarlem.	Oxelosund.	Vistaval.
Haukipudas.	Obbola.	
Haugersund.	Oslo.	Warnemunde.
Hamina.		Wallvik.
Hamburg.	Pomaron.	
Huelva.	Palermo.	Ystad.
Helmstad.	Piræus.	Yxpila.

(iii) Number of Passenger Liners anchoring  
in the Bay .... 2

## NUMBER OF NAVAL VISITORS :

## UNITED STATES OF AMERICA—

Cruiser ....	....	1
Store Ship ....	....	1
Destroyers ....	....	5

## BRITISH—

Fisheries Patrol Vessel	....	....	1
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## FRENCH—

Fisheries Patrol Vessel	....	....	1
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## NORWEGIAN—

Training Ship	....	....	1
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## SPANISH—

Training Ship	....	....	1
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## BELGIAN—

Fisheries Patrol Vessel	....	....	1
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TOTAL	....	....	12
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## INFECTIOUS DISEASES (SHIPPING) REGULATIONS, 1948.

## (I) Article 13 :

“ The expression ‘ foreign port ’ means a ‘ port or place situate elsewhere than in the State, Northern Ireland, Great Britain, Isle of Man, or the Channel Islands.’

“ The expression ‘ foreign going ship ’ means ‘ a ship employed in trading or going between some place or places in the State and a foreign port.’

“ The Master of a ship arriving from a foreign port, other than in France, Belgium or Holland, is required to fill in and sign a Declaration of Health and present it to the Health Officer or Officer of Customs and Excise, whoever first boards the ship.”

N.B. ,

Part viii of the World Health Organisation Regulations No. 2 provides for special arrangements between two or more States having interests in common, “ in order to make Sanitary measures provided for in the



Regulation more effective and less burdensome.” Accordingly, in normal conditions, the Declaration of Health mentioned above has been dispensed with for ships trading only between France, Belgium, Holland and this country.

A total of 965 foreign going ships entered the Port during the year. Some came via Cross Channel or Irish Ports. All were visited and examined after berthing.

#### CROSS CHANNEL VESSELS.

Inspections of vessels engaged solely on Cross Channel or coastwise trade numbered .... 52

#### (II) Article 33 :

“ An infected port or seaboard is a place which is infected or believed to be infected or which serves an area infected or believed to be infected with plague (human or rodent), cholera, yellow fever, typhus or smallpox. In accordance with this article, an up-to-date list of infected ports and seaboards must be kept by the Chief Medical Officer.” Copies of this list are sent to each Pilot and Officer of Customs and Excise stationed at the Port.

#### Note :

Although it is not included in the list of infectious diseases specified in Article 33, Relapsing Fever is defined by the World Health Organisation as one of the “ quarantinable diseases.”

The total number of ships arriving from or calling at Ports which were on the infected list was 45. The Ports referred to were :—

Aden (S. & T.)	Dakar (S.)
Alexandria (T.)	Istanbul (T.)
Bona (S.)	Karachi (C. & S.)
Calcutta (S. & C.)	Lagos (S.)
Chalna (C.)	Suez (S. & T.)
Ceuta (R.F.)	Trinidad (Y.F.)
Cochin (S.)	Vizagapatam (S. & C.)

LEGEND : S.—Smallpox ; C.—Cholera ; T.—Epidemic Louse Borne Typhus ; R.F.—Relapsing Fever ; Y.F.—Yellow Fever.

For the purposes of these Regulations, the expression “ Infectious Disease ” means :—

Acute Anterior Polio-myelitis.	Anthrax.
Cerebrospinal Fever.	Cholera.
Diphtheria.	Dysentery (Amoebic & Bacillary).
Malaria.	Measles.
Paratyphoid A. & B.	Plague.
Psittacosis.	Scarlet Fever.
Smallpox.	Yellow Fever.
Typhus.	

No case of an infectious disease occurred on any vessel entering the Port. Other illnesses were attended to by the Shipping Companies' Medical Officers.

### (III) Article 22 : MEDICAL INSPECTION OF PERSONS EMBARKING.

No action was taken under this article.

### (IV) Articles 19, 20 and 21 :

Under these articles and Article 52 of the World Health Organisation Regulations No. 2, every foreign going ship is required to have a valid Deratting or Deratting Exemption Certificate. These certificates are valid for six months. A Deratting Certificate is issued after the ship has been deratted in such a manner as may be specified or approved by the Chief Medical Officer. A Deratting Exemption Certificate is issued if, after the ship has been inspected, the Chief Medical Officer is satisfied that it is free from rats, or maintained in such a condition that the number of rats on board is kept as low as is reasonably possible.

Details of vessels inspected for renewal of above certificates.

Number of Inspections	....	....	35
Number of Fumigations	....	....	4



Number with slight infestation by Rats	....	8
Number Rat free	....	23
Number of Deratting Certificates issued	....	4
Number of Deratting Exemption Certificates issued	....	31

Hydrocyanic acid gas is the fumigant used for Deratting ships. The work is done by commercial firms under the supervision of the Port Health Staff.

#### INFECTIOUS DISEASES REGULATIONS, 1948 : Article 20.

Under this article rags and used clothing imported from any place outside Great Britain or Northern Ireland must be disinfected on importation. Such materials must be imported through an approved port, i.e. Dublin, Cork, Limerick or Waterford. If imported from Great Britain or Northern Ireland, they must also be disinfected if they are not accompanied by a certificate from the Medical Officer of Health. During the year, 421 packages of such materials were disinfected at the Disinfecting Depot, Marrowbone Lane.

#### FOOD HYGIENE REGULATIONS, 1950 : (1) Article 18.

“ The local Chief Medical officer or an authorised Officer may at all reasonable times inspect at or in any place in the area in which he acts or in a vehicle vessel or aircraft in such area ; any article of food which is intended for sale for human consumption or any food animal or food material.” Cargoes of the following foodstuffs were examined :—

Apples.	Bread.	Canned Fruit Salad.
Apple Juice.	Baby Food.	„ Pineapple.
Almonds.		„ Shrimps.
Anchovies.	Coffee Beans.	„ Gherkin.
Apricot Pulp.	Confectionery.	„ Pears.
Apricots.	Canned Brisling.	„ Pineapple.
	„ Herring.	„ Pineapple
Beans.	„ Crayfish.	„ Juice.
Bananas.	„ Grapefruit.	„ Salmon.
Baking Fat.	„ Cabbage	„ Sild.
Biscuits.	(Red).	„ Apricots.

Canned Fruit Cock- tail.	Figs.	Peas.
„ Lobster.	Fig Paste.	Prunes.
„ Straw- berries.	Farina.	Popcorn.
„ Oranges.	Grapes.	Plums.
„ Rock	Grapefruit.	Peaches.
„ Lobster.	Gelatine.	Pepper.
„ Orange	Ground Nuts.	Pomegranates.
„ Juice.	Garlic.	Palm Kernel Oil.
„ Sardines.	Golden Syrup.	Puffed Rice.
Cherries.	Honey.	Pineapples.
Chestnuts.		Rice (flaked).
Chicory.	Lemons.	Rice.
Cocoabeans.	Lemon Peel.	Rice Flour.
Cocoafat.	Lentils.	Rusks.
Currants.		Rye Bread.
Cockles (preserved).	Macaroni.	Sausage Casings.
Capsicums.	Molasses.	Soups.
Chutney.	Meringue Powder.	Sultanas.
Cinnamon.	Milk Powder.	Sago.
Cornflour.	Margarine.	Sago Flour.
Cocoabutter.	Muscateis.	Sweetened Fat.
Cocoanut (desiccated).	Melons.	Sauerkraut.
Cucumbers.	Nuts—Hazel.	Sandwich Spread.
Carraway Seed.	„ Brazil.	Stuffing.
Cheese.	„ Assorted.	Salad Cream (in Jars).
Caviar.	Nutmeg.	Snails (edible).
		Sweet Corn.
Dates.	Oranges.	
Dextrine.	Olives.	Tomatoes.
	Orange Peel.	Tomato Puree.
	Oleo Oil.	Treacle.
Essence of Rennet.	Oleo Stearin.	Tapioca.
	Onions.	
Fish (smoked).		Vinegar.
„ in Jars.	Pate de Foie Gras.	
„ Paste.	Pears.	
Fruit Pulp.	Pickles.	Yeast.

### Articles 19 and 20 :

“ The Local Chief Medical Officer or an authorised Officer engaged in the enforcement of these Regulations may take (without payment) a sample of food intended for sale for human consumption or of materials or



articles used in the preparation or manufacture of such foods or of articles which are by-products of the manufacture of such food.

“The Local Chief Medical Officer may direct in writing that an article of food shall not be moved or be moved to a specified place until the result of an examination of a sample taken by him is known.”

The following foodstuffs were sampled :—

Brisling (T.) (1).	Peas (dried) (1).	Soup (dried) (3).
Cocoabutter (1).	Peas (T.) (1).	Shrimps (T.) (2).
Dates (1).	Pears (T.) (2).	Snails (T.) (1).
Grapefruit (2).	Pineapple (T.) (1).	Sultanas (1).
Lobster (1).	Raisins (1).	Tinned Fruit (1).
Molasses (3).	Rye Bread (1).	Turtle Soup (1).
Margarine (1).	Salmon (T.) (8).	Tomatoes (1).
Olive Oil (1).	Sweets (2).	
Oleo Oil (2).	Sugar (2).	

(T.=Tinned).

Samples of Japanese canned Salmon were tested for radio activity ; the results were negative.

## Article 11 : SEIZURE AND DESTRUCTION OF UNFIT FOOD.

(a) As a result of inspections the following unfit foodstuffs were detained and subsequently destroyed by dumping or incineration.

Item	Quantity	Item	Quantity
Canned Meat ...	5 cwts.	Cocoamass ...	4 cwts.
Tomato Puree (Canned)	750 lbs.	Onions ...	600 lbs.
Fudge ...	11½ tons	Grapefruit (Canned)	42 cans
Apricot Pulp (Canned)	382 cans	Cocoabutter ...	2 cwts.
Raisins ...	437 cartons	Tomatoes ...	23,100 lbs.
Orange Skins ...	One Cask— 200 lbs.	Muscateles ...	480 lbs.
Shrimps (Canned) ...	19 cans	Confectionery ...	1,250 lbs.
Cheese ...	30 lbs.	Marzipan ...	250 lbs.
Plums ...	30 lbs.	Liquorice Confectionery ...	16,000 lbs.
		Sugar Confectionery	5 tons

(b) In addition to the foregoing, the following items, imported for human consumption, were released after treatment, as indicated :—

Item	Reason for Treatment	Method of Treatment	Disposal
600 (1 cwt.) bags of Cocoa Compound ... ..	Rodent Contamination.	Re-exported.	Local Medical Officer informed.
1 ton, 4 cwt. of Raisins ...	Fungus (aspergillus rhy- opus etc.).	Processed.	For animal feeding.
1 cwt., 2 qrs. Rice ...	Fermentation.	Processed.	For animal feeding.
281 (100 lb.) bags of Butter Beans ... ..	Insect Infestation (psocoptera family).	Re-exported.	Local Medical Officer informed.
50 lbs. of Meat Extract ...	Container defective.	Processed.	Re-exported.
40 (1 cwt.) bags of Nutmeg	Insect Infestation. (Anthribidae and Sil- vanide families).	Re-exported.	Local Medical Officer informed.
15 (12 lb.) Bags of Baby Food ... ..	Soiled by Surface Water.	Processed.	For animal feeding.
2½ cwts. of Cocoa Com- pound ... ..	Rodent Contamination.	Processed.	For animal feeding.
47 (2 cwts.) of Ground Nuts	Insect Infestation. (Sil- vanidae and Teneb- roidae families).	Re-exported.	Local Medical Officer informed.
3 tons, 12 cwts. of Corn- flour ... ..	Rodent Contamination.	Processed.	For animal feeding.
200 lbs. of Peas ...	Rodent Contamination.	Processed.	For animal feeding.
1 cwt., 2 qrs. of Rice ...	Rodent Contamination.	Processed.	For Industrial Pur- poses. ...
575 tons of Rice ...	Insect Infestation (Sil- vanidae and Tribol- ium families).	Fumigated with H.C.N. Screened and aspirated.	For human con- sumption.

### Article 13 :

A Prohibition Order was made under this article in regard to 73 Barrels of Oleo Oil. Subsequently, 46 Barrels were found to be unfit for human consumption. The unfit goods were later released for industrial purposes.

### Article 15 :

Shipping Companies are still required to give notification of any intended importation of crude Blackstrap Molasses. The Port Health Inspectors also made enquiries on ships and in transit sheds in connection with the importation of this commodity.



Six samples were taken and submitted for analysis. The City Medical Officer was informed of the results. One consignment left the Port before arrangements were made for sampling. The District Health Inspector was notified and a sample taken by him.

#### RATS AND MICE (DESTRUCTION) ACT, 1919 :

During the year considerable progress was made in ratproofing premises at the Port and in the setting-up of a methodical anti-rodent campaign. A working liaison was established between the Port and Docks Board and this Service. Early in the year a high level conference was held at the Port and Docks Board's Offices. The City Medical Officer, the Deputy City Medical Officer and the Port Medical Officer represented the Local Authority, and the Manager, Port and Docks Board, and the Secretary, attended. Preventive measures and the difficulties entailed were discussed and a programme was worked out.

At this time, most of the sheds at the North Wall Extension had sets and cobble stones as flooring, and holes in the shed walls and doors were common. These provided harbourage and runways for rodents. No organised poisoning was in progress and no permanent staff allocated to this work. As a result of representations made at the conference, the Port and Docks Board requested the Corporation to train an employee in rodent control work, with a view to appointing him to work in this capacity at the Port. A course was arranged at Marrowbone Lane lasting for two weeks during which the Port and Docks Board's employee learned modern methods of rodent control and their application to conditions at the Port. He has since proved himself an intelligent and enthusiastic pupil and now works in close co-operation with this service.

Further, the floors of all sheds at the North Wall Extension and Great Britain Quay were concreted, and the doors and walls repaired.

The Port and Docks Board deserve great praise for the public spirited manner in which they implemented all suggestions made by this Service and for

undertaking and completing the major works mentioned above. As a result, there has been a considerable drop in the amount of foodstuffs condemned as unfit for human consumption because of rodent contamination.

Twice, during the year, samples of rodent droppings collected at transit sheds were sent to the City Bacteriologist for examination. No salmonella organisms were found.

The following is a list of foodstuffs condemned as unfit for human consumption because of rodent contamination at the Port during the year. The work of concreting the sheds started in February and finished in August.

Month	Item	Disposal
January ...	4 bags of Chicory. 1 bag of Cocoamass.	Garbled and Released. Garbled and Released.
February ...	12 cwts. of Cornflour.	Industrial Purposes.
March ...	Nil.	Nil.
April ...	2½ cwts. of Cocoapowder.	Animal Feeding.
May ...	13 cwts. of Cornflour. 24 (20 lb.) boxes of Muscatels. 360 lbs. of Currants. 60 (100 lb.) bags of Onions.	Animal Feeding. Destroyed. Animal Feeding. Destroyed.
June ...	One bale of Cocoabutter. 6 (100 lb.) bags of Barley.	Garbled and Released. Referred to Department of Agriculture. Des- troyed.
July ...	2 (200 lb.) Bales of Cocoamass. 9 (2 cwts.) Bags of Cornflour. 10 (2 cwts.) Bags of Cornflour. 2 (100 lb.) Bags of Peas.	Destroyed. Starch Making. Paste Making. Animal Feeding.
August ...	2 (2 cwts.) Bags of Cornflour.	Starch Making.
September ...	600 Bags of Cocoa Compound. 1 Bag (100 lbs.) of Rice.	Re-exported. Animal Feeding.
October ...	20 (100 lbs.) of Barley.  26 (2 cwts.) of Cornflour.	Referred to Department of Agriculture. Animal Feeding. Starch Making.
November ...	Nil.	Nil.
December ...	Nil.	Nil.



## FOOT AND MOUTH DISEASE (DISPOSAL OF SWILL) ORDER, 1938 :

This Order prohibits the landing or casting into the Harbour, garbage from foreign-going ships. It is necessary, however, in the case of visiting naval vessels and big merchant ships which may remain a long time in Port, to make special arrangements to remove such refuse and burn it. The vehicles, bins and staff engaged in this work are disinfected. During the year the foregoing procedure was carried out in respect of 12 vessels. In the case of Naval Vessels, the vehicles and the containers for the swill were, as in previous years, provided by the Department of Defence.

## XII. SANITARY NUISANCES ABATED :

### On Ship :

Defective Port Lights	....	....	4
Defective Steam Radiators	....	....	5
Insufficient Cold Water	....	....	4
Leaking Bulkhead	....	....	1
Cockroach Infestation	....	....	5
Pharaoh's Ant Infestation	....	....	1
Dirty Forecastle	....	....	6
Broken Washroom Door	....	....	1
Choked Scuppers	....	....	5
Dirty Galleys	....	....	4
Dirty Water Closets	....	....	9
Leaking Water Pipes	....	....	5
Leaking Head Decks	....	....	4

## PUBLIC HEALTH (SAORSTAT EIREANN) (PRESERVATIVES ETC., IN FOOD) REGULATIONS, 1928, AND AMEND- MENT, 1943 :

Four samples were taken under these Regulations. The goods sampled were Raisins, Sultananas, Canned Salmon and Canned Pears.

## INFECTIOUS DISEASES (AMENDMENT) REGULATIONS, 1952 :

These Regulations were made under the 1947 Health Act and prohibit the importation of birds of the Parrot

species, except by the holder of a special permit granted by the Minister. However, to meet the wishes of persons or bodies wishing to import such birds, while at the same time safeguarding the public health, the Minister has come to an arrangement with the Royal Zoological Society, enabling them to import the birds of private persons under specified conditions. Birds may also be imported under permit for Medical or Veterinary Research.

The number of birds of the Parrot species imported during 1954 was as follows :—

Stock Purposes :

Roseate Cockatoos	....	....	....	13
Budgerigars	....	....	....	2
Grey Parrot	..	....	....	1
Swainsons Lorikeets	....	....	....	3
Sulphur Crested Cockatoos	....	....	....	2
TOTAL	....	....	....	21

Others :

Quarantined at Zoo.	Cockateel	....	1
	Parrot	....	1
	Budgerigar	....	1
Budgerigars presented to Zoo	....	....	9
Budgerigars Re-exported	....	....	1
Budgerigars Destroyed	....	....	1

JOHN WALKER,

Port Medical Officer.



**CITY BACTERIOLOGICAL LABORATORY.**

The following table shows the work done in The City Bacteriological Laboratory during the year. In addition, 4,743 examinations were made in the Laboratory of Crooksling Sanatorium and 5,135 in Rialto Hospital. Work was begun in the new Laboratory at St. Mary's Chest Hospital in March, and 6,068 examinations were made up to the end of the year. As only one technician was appointed and as it was plain that it would not be possible to deal with all the work with this assistance, it was decided to confine ourselves at St. Mary's to the examination of specimens for T.B. This enabled us to deal with a large proportion of the specimens, and the remainder and all those requiring examination for organisms other than T.B., continued to be sent to the Central Laboratory. A small proportion of the specimens received at the Hospital Laboratories were sent to the Central Laboratory either because they could be dealt with more conveniently here or because of the absence of the Technicians on annual leave or otherwise.

At the beginning of August the Central Laboratory was moved from Kildare St. to Old County Road, Crumlin. For a short period during removal the Technicians were temporarily transferred to Rialto and St. Mary's Laboratories where we were able to deal with most of the work, but a small proportion including the daily water examinations and the specimens from Clonskeagh Hospital had to be sent to the University Laboratories.

Mr. F. Leonard took up duty as Temporary Technician in St. Mary's at the beginning of March. This necessitated my visiting the institution on two or three days each week. Rialto Hospital Laboratory was also visited on three days each week and I undertook the supervision of the Laboratory at Crooksling Sanatorium for the first time during the year.

P. Byrne left to take up a post in Africa at the end of the year. There were no other changes in personnel during the year.

J. H. STRITCH, M.D.,  
City Bacteriologist.

## List of Bacteriological Examinations for the Year.

Samples of Water	....	....	....	757
„ „ Food	....	....	....	12
„ „ Milk-feeds	....	....	....	39
Swabs for C. diphtheriae	....	....	....	1,299
„ „ Haemolytic Streptococci	....	....	....	1,056
„ „ Organisms of Vincent's Angina	....	....	....	675
„ „ Other organisms	....	....	....	205
Specimens of Blood for Widal Reaction	....	....	....	58
„ „ „ „ Blood Culture	....	....	....	15
„ „ Cerebro Spinal Fluid	....	....	....	128
„ „ Pleural Fluid	....	....	....	24
„ „ Urine	....	....	....	314
„ „ Faeces	....	....	....	689
„ „ Pus	....	....	....	65
Antibiotic Sensitivity Tests	....	....	....	72
Specimens of Sputum for Myco. tuberculosis (Direct)	....	....	....	9,665
„ „ for Culture for Myco. tuberculosis :				
Sputum	....	....	....	3,623
Gastric Contents	....	....	....	834
Laryngeal Swabs	....	....	....	1,985
Bronchial Swabs	....	....	....	4
Sensitivity Tests of Myco. tuberculosis :				
Streptomycin	....	....	....	1,251
Isonicotinic Acid Hydrazide	....	....	....	796
Paraaminosalicylic Acid	....	....	....	909
Streptotibine	....	....	....	13
Animal Inoculations	....	....	....	10
Various	....	....	....	17
		Total	....	24,515



## DEPARTMENT OF THE CITY ANALYST.

Analyses and investigations were conducted under the following headings :—

1. The Sale of Food and Drugs Acts.
2. The Public Health Preservatives Regulations, 1928.
3. Food Hygiene Regulations, 1950.
4. In connection with Corporation Supplies.
5. Chemical Control of Sewage Effluent.
6. Medicines for County Homes and Hospitals.
7. Daily Control and fortnightly Analyses of the City Water Supply.
8. For other local authorities under the Food and Drugs Acts and Preservatives Regulations.
9. For Public Institutions, Companies and Private Individuals.
10. Port Health Service.

### General Statement of work for Dublin Corporation and City of Dublin.

Nature of Article				No. of Samples	Department
Food and Drugs	...	...	...	5,383	Public Health Engineer's
City Water Supplies	...	...	...	72	
Sewage	...	...	...	296	
Effluent	...	...	...	294	
Sludge	...	...	...	272	
Water (Special Samples)	...	...	...	9	
Concrete Flag	...	...	...	1	
Asphalt	...	...	...	5	Engineer's
Lead Alloy Pipe	...	...	...	2	
Carbon Tetrachloride	...	...	...	1	
Soil	...	...	...	3	
Pig Lead	...	...	...	1	
Solder	...	...	...	3	
Paint	...	...	...	2	
Petrol	...	...	...	2	
Tar Macadam	...	...	...	1	
Liquid from Basement	...	...	...	1	
Salmon	...	...	...	9	Port Medical
Sweets	...	...	...	5	

Nature of Article	No. of Samples	Department
Molasses ... ..	5	Port Medical
Tinned Pears ... ..	2	"
Sugar Bag Paper ... ..	2	"
Peas ... ..	1	"
Vegetable Soup ... ..	1	"
Lollipops ... ..	2	"
Tomato Soup ... ..	1	"
Cocobutter ... ..	1	"
Grapefruit ... ..	1	"
Dates ... ..	1	"
Fish Paste ... ..	1	"
Olive Oil ... ..	1	"
Margarine ... ..	1	"
Sardines ... ..	2	"
Shrimps ... ..	5	"
Rice ... ..	1	"
Raisins ... ..	2	"
Sultanas ... ..	1	"
Sardines ... ..	5	Health
		Department
Molasses ... ..	1	"
Water ... ..	4	"
Sliced Loaf ... ..	1	"
Chocolate ... ..	1	"
Object in Soup ... ..	1	"
Cornflour ... ..	1	"
Lollipop ... ..	1	"
Sliced Pan ... ..	1	"
Orange ... ..	1	"
Oatmeal ... ..	1	"
Peas ... ..	1	"
Stout ... ..	1	"
Aether ... ..	1	"
Butter ... ..	1	"
Vienna Roll ... ..	2	"
Fudge ... ..	1	"
Whiskey ... ..	1	"
Marmalade ... ..	1	"
Margarine ... ..	1	"
Tinned Peas ... ..	1	"
Flake Meal ... ..	1	"
Salt ... ..	1	"
Cookeen ... ..	1	"
Black Pudding ... ..	1	"
Wine ... ..	1	"
Milk ... ..	1	"



Nature of Article	No. of Samples	Department
Biscuits ... ..	1	Maternity and Child Welfare
Parrish's Food ... ..	1	"
Acridlavine Emulsion ... ..	1	"
Precipitate Ointment ... ..	1	"
Tablets ... ..	1	"
Water ... ..	9	Veterinary Department
Milk ... ..	1	"
Tinned Fruit ... ..	1	"
Butter ... ..	2	School Meals
Semolina ... ..	2	Rialto Hospital
Medicine ... ..	1	"
Milk ... ..	2	Crooksling Sanatorium
Disinfecting Fluid ... ..	1	Disinfecting Department
Rice ... ..	2	St. Mary's Chest Hospital
Sausages ... ..	1	"
Soap ... ..	5	St. Clare's Hospital

#### ANALYSES FOR PRIVATE INDIVIDUALS, ETC. :—

##### City of Dublin :—

Private Individuals	....	485	
Dublin Board of Assistance		225	
Grangegorman Mental Hospital	....	65	
		<u>775</u>	775
Dublin Corporation		6,460	6,460
Grand total, City of Dublin			<u>7,235</u> 7,235

##### Outside City of Dublin :—

Private Individuals	....	458	
Local Bodies and Hospitals		7,245	
		<u>7,703</u>	7,703
Grand total for the year	....		14,938

Comparison of the total samples analysed in 1954, with that of previous years :—

				Total Number from all sources.
1922–1926 (both inclusive)	....			53,751
1927–1931	„	„ ....	....	68,002
1932–1936	„	„ ....	....	74,209
1937–1941	„	„ ....	....	73,758
1942–1946	„	„ ....	....	57,608
1947–1951	„	„ ....	....	58,308
1952	....	....	....	13,370
1953	....	....	....	13,547
1954	....	....	....	14,938

### Food and Drugs Acts and Preservatives Regulations.

Details of articles submitted by the Food and Drugs Inspectors of the Dublin Corporation, and analysed under the above headings, are set out below :—

The total number of articles submitted was 5,383 of which 183 were “ Informal ” samples.

Last year the total number of samples received was 3,632, the considerable increase in that number in 1954 being due to the employment of a third Inspector under the Sale of Food and Drugs Acts.

Nature of Article				Number of Samples	Number Adulterated
Milk	...	...	...	3,206	55
Butter	...	...	...	415	2
Margarine	...	...	...	123	—
Rice ...	...	...	...	103	—
Semolina	...	...	...	47	—
Self Raising Flour	...	...	...	24	—
Lentils	...	...	...	10	—
Flour	...	...	...	14	—
Bread Soda	...	...	...	18	—



Nature of Article	Number of Samples	Number Adulterated
Tapioca ... ..	29	—
Lard ... ..	52	—
Sultanas ... ..	12	—
Cocoa ... ..	5	—
Ice Cream ... ..	204	8
Tea ... ..	17	—
Bourn Vita ... ..	1	—
White Wine ... ..	1	—
Cydrax ... ..	1	—
Cider ... ..	1	—
Sauce ... ..	5	—
Wheat Flakes ... ..	1	—
Raisins ... ..	19	—
Farex ... ..	5	—
Porter ... ..	4	—
Blancmange ... ..	1	—
Glucodin ... ..	1	—
Black Pudding ... ..	6	—
Puddena ... ..	1	—
Bisto ... ..	2	—
Flake Oatmeal ... ..	77	—
Ammoniated Tincture of Quinine	1	1
Cookeen ... ..	34	—
Lemon Curd ... ..	2	—
Pepper ... ..	5	—
Mustard ... ..	3	—
Dripping ... ..	69	—
White Pudding ... ..	7	—
Liquid Paraffin ... ..	8	—
Cornflour ... ..	42	—
Glauber Salts ... ..	1	—
Prunes ... ..	4	—
Vinegar ... ..	9	—
Currants ... ..	14	—
Peas ... ..	12	—
Brawn ... ..	7	—
Dates ... ..	3	—
Macaroni ... ..	8	—
Ale ... ..	4	—
Cake Mixture ... ..	9	—
Coconut ... ..	3	—
Coffee ... ..	11	—
Frytex ... ..	7	—
Suet ... ..	4	—
Bisodol ... ..	1	—
Milk Pudding ... ..	1	—

Nature of Article			Number of Samples	Number Adulterated
Sausage Meat ...	...	...	5	—
Barley ...	...	...	35	—
Jam ...	...	...	19	—
Sausages ...	...	...	59	5
Farola ...	...	...	26	—
Wheaten Meal ...	...	...	3	—
Cheese ...	...	...	29	—
Minced Meat ...	...	...	39	9
Farinoca ...	...	...	3	—
Sago ...	...	...	26	—
Buttermilk ...	...	...	12	—
Sugar ...	...	...	25	—
Stout ...	...	...	12	—
Whiskey ...	...	...	92	18
Orange Squash ...	...	...	1	—
Glucose ...	...	...	19	—
Lime Water ...	...	...	1	—
Olive Oil ...	...	...	6	—
Custard Powder ...	...	...	15	—
Icing Sugar ...	...	...	8	—
Cornflakes ...	...	...	3	—
Chicken Noodle Soup ...	...	...	1	—
Brown Sugar ...	...	...	1	—
Brandy ...	...	...	2	—
Cream ...	...	...	8	—
Marmalade ...	...	...	2	—
Salt ...	...	...	3	—
Lugol's Solution ...	...	...	4	2
Cod Liver Oil ...	...	...	2	—
Tincture of Iodine ...	...	...	2	—
Gin ...	...	...	1	—
Cascara Sagrada ...	...	...	3	—
Neaves Food ...	...	...	3	—
Ovaltine ...	...	...	1	—
Wheaten Meal ...	...	...	1	—
Plum Pudding ...	...	...	2	—
Coffee and Chicory ...	...	...	1	—
Vermicelli ...	...	...	2	—
Brown Sugar ...	...	...	3	—
Baking Powder ...	...	...	2	—
Pie Filling ...	...	...	1	—
Baby Flakes ...	...	...	1	—
Cooking Fat ...	...	...	1	—
Lemon Soda ...	...	...	2	—
Fruit Salad ...	...	...	1	—
Ground Almonds ...	...	...	6	—



Nature of Samples	Number of Samples	Number Adulterated
Tawny Wine ... ..	2	—
Carrageen Moss ... ..	1	—
Lemonade ... ..	1	—
Yorkshire Relish ... ..	1	—
Candied Peel ... ..	5	—
Ryvita ... ..	1	—
Glace Cherries ... ..	6	—
Tripe ... ..	1	—
Muscateles ... ..	2	—
Apricots ... ..	1	—
Ciderette ... ..	1	—
Vimto ... ..	1	—
Orange Crush ... ..	1	—
Cream Soda ... ..	1	—
Almond Icing ... ..	1	—
Demarara Sugar ... ..	1	—
Whole Almonds ... ..	1	—
INFORMAL SAMPLES :—		
Beans-in-Tomato Sauce ...	1	—
Bread Soda ... ..	2	—
Salad Cream ... ..	9	—
Vinegar ... ..	6	1
Liquid Paraffin ... ..	1	—
Dresso ... ..	1	—
Precipitate Ointment ...	1	—
Liquid Extract Cascara Sagrada ...	4	—
Lime Water ... ..	1	—
Oxtail Soup ... ..	1	—
Pickles ... ..	2	—
Chicken and Ham Paste ...	1	—
Pickled Onions ... ..	1	—
Rusks ... ..	1	—
Soup Powder ... ..	1	—
Condensed Milk ... ..	8	—
Syrup of Figs ... ..	1	—
Boric Ointment ... ..	2	—
Mercury Ointment ... ..	2	—
Lugols Solution ... ..	8	4
Calamine Lotion ... ..	1	—
Sanatogen ... ..	1	—
Vi-Daylene ... ..	1	—
Cream Meringues ... ..	1	—
Olive Oil ... ..	5	—
Glycerine, Lemon and Honey ...	1	—
Liniment of Iodine ... ..	2	—

Nature of Samples	Number of Samples	Number Adulterated
Pepper ... ..	6	—
Liver Salts ... ..	1	—
Sardines ... ..	1	—
Castor Oil ... ..	5	—
Camphorated Oil ... ..	4	—
Hydrogen Peroxide ... ..	3	—
Ammoniated Tincture of Quinine	5	2
Sauce ... ..	7	—
Tincture of Iodine ... ..	6	—
Tinned Peas ... ..	7	—
Cream ... ..	2	—
Milk ... ..	19	—
Barley ... ..	1	—
Coffee ... ..	1	—
Pineapple Slices ... ..	1	—
Zinc Ointment ... ..	3	—
Puddena ... ..	1	—
Canned Carrots ... ..	1	—
Ice Cream ... ..	1	—
Orange Juice ... ..	1	—
Baking Powder ... ..	1	—
Mixed Peel ... ..	1	—
Beetroot-in-Vinegar ... ..	1	—
Tomato Soup ... ..	1	—
„ Ketchup ... ..	3	—
„ Juice ... ..	1	—
Spaghetti-in-Tomato Sauce ... ..	1	—
Milk Whipping Compound ... ..	1	—
Chutney Sauce ... ..	1	—
Zink Ointment ... ..	1	—
Beans ... ..	1	—
Nutmeg ... ..	2	—
Soup, tinned ... ..	3	—
Spice ... ..	2	—
Ice Cream ... ..	1	—
Glaze Cherries ... ..	2	—
Sliced Beetroot ... ..	1	—
Marshmallow Coronet ... ..	1	—
Fruit Salad ... ..	1	—
Ice Lollipop ... ..	1	—
Coconut Pie ... ..	1	—
Stewed Steak ... ..	1	—
Butter Beans ... ..	1	—
Bisto ... ..	1	—
Jelly ... ..	1	—
Cinnamon ... ..	1	—



Nature of Article	No. of Samples	Department
Mustard ... ..	1	—
Salmon ... ..	2	—
Spirit of Nitre ... ..	1	—
Liniment of Turpentine ... ..	1	—
Whiskey ... ..	1	—
Soreen Powder ... ..	1	—
Soreen Whipping ... ..	1	—

### MILK.

3,206 samples of milk were submitted during the year in accordance with the provisions of the Sale of Food and Drugs Acts. 55 were found to be adulterated. 25 of the adulterated samples were deficient in milk-fat in amounts varying from 8·33% to 51·66% ; 15 were deficient in milk solids other than milk-fat in amounts varying from 4·71% to 14·11%, whilst 10 samples were deficient in both milk-fat and milk-solids other than milk-fat, the worst having a deficiency of 33·3% fat and 13·52% non-fatty solids.

5 samples contained Formaldehyde in contravention of the Public Health (Saorstát Éireann) (Preservatives etc., in Food) Regulations, 1928.

### ICE CREAM.

Of the 204 samples of Ice Cream submitted, 8 were found to be deficient in fats in amounts varying from 18 to 38% of the minimum amount required by the “ Food Standards (Ice Cream) Regulations, 1952.” The Regulations require Ice Cream to contain not less than 5% milk fat by weight, not less than 9% milk-solids other than milk-fat, and not less than 10% sugar.

### SAUSAGES.

One sample of sausage contained 1,500 parts of Sulphur Dioxide per million parts of the sausage, whereas according to the Public Health (Saorstát Éireann) (Preservatives, etc., in Food) Regulations,

1928, sausages should contain not more than 450 parts per million. In addition the Regulations require sausages, if they contain preservative, to bear a label declaring the presence of the preservative. 4 further samples submitted were found to contravene that section of the Regulations.

#### BUTTER.

Of the 415 samples of butter submitted, 2 were found not to be butter, but to be composed almost entirely of fats foreign to butter.

#### WHISKEY.

18 samples of whiskey were found to be adulterated. According to the requirements of Section 6 of the Sale of Food and Drugs Amendment Act, 1879, whiskey should not be sold at an alcoholic strength below 25 degrees Under Proof, unless notice is given in the form of a label on the bottle, or by notice hung on the premises or verbally at the time of the sale.

The alcoholic strength of the 18 samples in question varied between  $26.95^{\circ}$  to  $40.65^{\circ}$  Under Proof.

#### MINCED STEAK.

9 samples were found to be preserved with Sulphur Dioxide in amounts varying from 90 to 2,500 parts per million.

Minced Steak should not contain any preservative whatsoever.

#### AMMONIATED TINCTURE OF QUININE.

Two samples of this article, which were taken "informally" were found to be deficient in ammonia, one to the extent of 72% and the other 13% of the amount of ammonia which the tincture should contain. Ammoniated Tincture of Quinine should contain about 1% of ammonia.

An "official" sample was found to be deficient of 47.7% ammonia.



### LUGOL'S SOLUTION.

Lugol's Solution is an aqueous solution of iodine and potassium iodide. It should contain 5% W/V iodine and 10% W/V potassium Iodide. Four samples taken informally, were found to be deficient in both substances, probably due to the presence of excess water.

Of the four official samples, 2 were found to be deficient, one to the extent of 13·5% of the Iodine which it should contain, whilst the second sample was deficient of 26·5 % iodine and 38·8% potassium iodide.

### VINEGAR.

One sample of Vinegar, taken informally, and which was labelled " Household Vinegar. Non-brewed. Un-fermented. Of finest quality and flavour " was found to contain 3·66% acetic acid. Vinegar should contain not less than 4%. The sample was, therefore, deficient in acetic acid.

I think exception should be taken to the form of label used to describe this article. It is an artificial vinegar, made to simulate genuine fermentation vinegar by merely diluting concentrated acetic acid with water, and adding artificial colouring matter.

It has one characteristic only in common with the genuine article, namely its content of acetic acid.

As a class these artificial vinegars lack aroma and quality. They lack the secondary products of fermentation which give the aroma and flavour to genuine vinegar.

In my opinion the label should be in a form which makes clear to the public the nature of the article they are getting. The claim that this article is of " finest quality and flavour " is, in my opinion, a misstatement of fact.

### ENGINEER'S DEPARTMENT.

A total of 965 samples were received during the year from the various sections of this Department. Of that number 72 were samples of water in connection

with the control of the City Water Supplies, that is to say samples of the finished waters delivered to the consumer, from the three sources supplying the City, namely, Vartry, Bohernabreena and Liffey.

In connection with the routine chemical control of the Sewage Disposal Plant, 294 samples of Effluent, 296 of Sewage, and 272 of Sludge were examined.

The samples of asphalt were analysed for their content of bitumen, and were all found to be satisfactory. The samples of soil were received from the Special Works Department. They were examined to ascertain their sulphate and chloride content.

The solders and lead pipe were examined for their compliance with specification.

The liquid from basement was found to be a petroleum product possessing the characteristics of petrol, with some of the more volatile constituents missing.

#### PUBLIC HEALTH DEPARTMENT (SANITARY AND MEDICAL OFFICER).

A number of the samples received from this Department had reference to complaints that the articles were contaminated, or contained foreign bodies, and had caused illness. In some cases the samples were found to be in a sound condition and no evidence was found to substantiate the claims made.

An object like a worm was submitted with a complaint that it had been found in a tin of Oxtail Soup. It proved to be a fragment of gristle from the oxtail. The sliced pan contained an ugly slimy patch in the middle. It proved to be caused by a high concentration of salt localised in the affected part. A sample of cornflour was considered to be unfit for human consumption, as it was contaminated with dust particles and fragments of jute fibre. A lollipop had a rather unpleasant salty taste which was found to be caused by contamination with calcium chloride. The presence of the calcium chloride, which amounted to 300 parts per million, was probably due to leakage from the



refrigerating plant. A specimen of porridge was submitted with a complaint that it contained worms. One insect was found, which appeared to be a partially developed moth. No larvae could be detected. It is possible that if present in the original flakemeal they would have become unrecognisable in the meal when cooked.

The sample of wine complained of was found to be "out of condition." It had a cloudy appearance, contained a considerable growth of yeast, and was in a state of active fermentation.

A specimen of sliced pan was found to be unfit for human consumption, being almost entirely covered with mould.

A sample of milk was submitted with a complaint that it had a bitter taste. On examination the sample was found to possess a distinctly bitter taste, but nothing of a chemical nature was found which could account for its condition. It is possible that the bitter taste was due to bacterial action.

The sample of salt was found to be a mixture of ground rice and salt, and to contain only 36% salt.

The orange submitted was the subject of a complaint that certain black spots which appeared on the inside and outside of the peel were insects. On examination they proved not to be insects, but mould growths, those on the inside being similar to those on the outside. I suggested that the person on peeling the orange had probably picked up the black spots on his thumb or finger, and thus they became transferred to the inside.

The sample of methylated ether was submitted for examination in connection with the unfortunate explosion at the B.C.G. Clinic. The sample was found to be free from peroxides, the presence of which has been known to render ether explosive. The sample, in fact, was found to satisfy all the tests for methylated ether.

#### VETERINARY DEPARTMENT.

The specimen of tinned fruit was contained in a lacquered can. It was in good condition except along

the seam and around the bottom, where the lacquer was defective, and the iron plate exposed. The Syrup had a slight metallic taste probably due to the presence of iron taken up from the exposed portion of the can. The Syrup in fact, contained 72 parts per million of iron (fe).

#### PORT MEDICAL AUTHORITY—FOOD HYGIENE REGULATIONS, 1952.

45 samples were submitted by this Authority, taken from consignments of varied articles on importation. The majority were found to be in sound condition, and to be free from anything of a deleterious nature.

One of the specimens of brown paper was found to be contaminated with some polluted liquid. The results obtained would be in keeping with the fouling of the paper with urine. The other specimen of paper was clean.

A sample of Norwegian margarine was found to satisfy the Regulations in regard to its composition.

#### CHILD WELFARE CENTRE.

The tablets of "Calcium with Vitamin D." were soft and friable. Normally these tablets are hard and glossy in appearance. It was thought advisable not to dispense the tablets.

The sample of White Precipitate Ointment was found to contain 4·2 per cent. of Ammoniated Mercury, which was in excess of the B.P. requirements, namely 2·5 per cent. The remaining samples were normal.

#### RIALTO HOSPITAL.

The sample of medicine, Potassium Bromide Mixture B.P.C. was thought to have some free bromine in it. On analysis it was found to be correct. There was no trace of free bromine.

#### ST. MARY'S CHEST HOSPITAL.

The two samples of rice were found to be genuine, and in sound condition. No evidence of the presence of meal mites could be found.

The Sausages contained 75 per cent. meat.



# ANALYSES FOR OTHER PUBLIC BODIES, PRIVATE INDIVIDUALS, ETC.

The total number of articles received from all sources, under the above heading during the year was 8,474.

The fees for analyses received in the same period amounted to £6,084 6s. 4d. This sum was lodged to the credit of the Corporation in accordance with the terms of my appointment.

The following table compares the number of samples analysed under the above heading, and the fees received with those in previous years.

Year		Number of Samples	Fees		
			£	s.	d.
1922-1926	...	53,751	6,668	18	1
1927-1931	...	45,094	10,011	11	4
1932-1936	...	50,230	9,033	18	5
1937-1941	...	48,681	10,611	5	6
1942-1946	...	38,288	15,926	4	5
1947	...	7,298	3,987	15	8
1948	...	8,078	4,252	16	0
1949	...	8,150	4,844	7	8
1950	...	7,625	4,785	6	0
1951	...	8,014	5,102	0	5
1952	...	8,674	6,059	15	6
1953	...	8,404	5,674	13	0
1954	...	8,474	6,084	6	4

In conclusion, I wish to express my appreciation of the loyal and capable manner in which the members of my staff carried out their duties.

B. G. FAGAN,

City Analyst.

# BLIND PERSONS ACT, 1920.

## SCHEME FOR THE WELFARE OF THE BLIND.

### NUMBER ASSISTED IN THEIR OWN HOMES :

Single or widowed persons :

Males	....	....	....	....	236
Females	....	....	....	....	497
Number of Married Blind Men				....	209
Number of Married Blind Women				....	37
Total					979

### Number maintained in Institutions :

Males	....	....	....	....	65
Females	....	....	....	....	60
Total					125

Grand Total .... 1,104

### PAYMENTS MADE IN CONNECTION WITH THE SCHEME :

					£
Allowances to Blind Persons in their own homes	....	....	....	....	53,450
Payments to Institutions			....	....	6,700
Total					£60,150



### EMERGENCY MEALS.

During the year a total of 7,596,103 meals were provided of which 173,712 were cooked.

The inclusion of the following schools was sanctioned during this year: Ballyfermot Girls and Infants; Milltown Boys N.S.; Mount St. Anne's C.N.S., Milltown; St. Brendan's N.S.; Cerebral Palsy Clinic, Sandymount; Our Lady of Consolation C.N.S., Donnycarney.

The following schools notified their intention not to avail further of the Scheme: St. Andrew's, Rialto; Damer N.S. (closed); Stanhope Street C.N.S.

## PUBLIC CLEANSING.

The Public Cleansing Services comprise three important functions namely :—

1. Street Cleansing.
2. Collection of refuse.
3. Disposal of refuse.

The Cleansing Department is responsible for the cleansing of all the streets—of which there are approximately 500 miles—road gullies and catchpits within the City boundary and the periodic emptying of ashbins and the disposal of the refuse collected therefrom.

### STREET CLEANSING.

All the streets are swept weekly, bi-weekly, or thrice weekly depending upon their location. The principal streets and streets in congested areas receive daily attention. Patrols are daily employed collecting and disposing of litter from the main thoroughfares.

Petrol-driven vacuum gully emptying machines are utilised for emptying the catchpits connected with the road gullies. Petrol-driven washing and sweeping machines patrol the main streets at night-time.

There has been a noticeable increase in the amount of litter on the streets, and it has been necessary to increase patrols before and after the usual hours, to deal with this problem. The number of litter receptacles provided throughout the City areas has also been increased, and these receptacles are emptied by the street patrols.

Special attention is paid to the beaches surrounding the City. These are cleaned regularly during the Summer months and the Debris is removed to the various tipheads.

For the year ended December, 1954, 29,000 tons of street sweepings were collected and disposed of at the various disposal grounds.

On Sundays a limited staff is engaged on street cleansing work.



## REFUSE COLLECTION.

Domestic refuse collections are made thrice weekly in the centre City area, twice weekly in certain adjoining areas, and once weekly in residential areas.

Petrol and diesel-driven refuse collection vehicles varying in capacity from 15 cwt. to 5 tons, and fitted with hydraulic tipping gear, and with sliding covers to prevent scattering of contents (in the central City area, dustless barrier-type collection vehicles are used) are utilised for the collection of domestic and street refuse, etc.

For the year ended December, 1954, the total quantity of domestic and trade refuse collected was 169,000 tons, equivalent to an average yield of 16·8 cwt. per thousand of population per day. 165,395 tons were disposed of on the various disposal grounds, principally at Clontarf (foreshore reclamation), on the North side of the City, and Irishtown (foreshore reclamation), and Sundrive Park (disused and pumped out quarry) on the South side. 3,605 tons were consumed at the Stanley Street Destructor. In addition, the traders themselves transported 60,140 tons of refuse to the various tipheads.

## PUBLIC CONVENIENCES.

There are 20 dual, 2 ladies and 11 gents public conveniences, and 28 urinals in the City, which are washed and cleansed daily.

## WATER SUPPLY.

The domestic water supplied to the City is from three sources : The River Vartry, the River Liffey, and the Bohernabreena headworks. All have upland catchment areas with large storage reservoirs. The Vartry and Bohernabreena supplies are purified initially using slow sand filters. Subsequently the Vartry water is chlorinated at both Roundwood and Stillorgan, and the water from Bohernabreena is dosed with chloramine at Ballyboden. Water from the River Liffey is purified by chemical precipitation, using rapid gravity filters. It is subsequently dosed with chloramine.

The Howth area is supplied partly by Vartry water and partly from a small local reservoir at Balcill. The water from the latter is treated by slow sand filters and by chlorination before distribution. This supply has not been used in the past year.

Fortnightly, chemical and weekly bacteriological tests are made of all the filtered water, and tests of the raw water and of water at intermediate stages of purification are also made regularly.

Throughout the year the chemical analyses showed only those seasonal changes which have been known to occur over a long number of years.

The average daily consumption of water at present is 35 million gallons, of which approximately 15 millions are drawn from the River Liffey, 3 millions from the Bohernabreena catchment, and 17 million from the Vartry.

Automatic Chlorine Residual Recorders installed at Callowhill Tank, Ballymore-Eustace and Ballyboden, are working satisfactorily.

E. J. BOURKE, M.E., B.SC.,  
City Engineer.



## BATHS AND WASH-HOUSES.

	Tara Street Baths	Iveagh Baths
Swimmers (exclusive of Clubs) ...	66,512	25,777
Reclining Baths ... ..	29,204	574
Wash-House ... ..	17,564	—
<b>TOTAL ATTENDANCES ...</b>	<b>113,280</b>	<b>26,351</b>

During the year a total of 87 Swimming Clubs, Schools and Colleges, were granted exclusive bookings.

**DISINFECTING DEPOT.****SUMMARY OF RODENT CONTROL.**

Complaints and Requests Received	....	618
Surveys Made	....	1,220
Rats Killed—Overground	....	6,656
Sewers (North)	....	5,751
Sewers (South)	....	8,049
Premises Treated		
Corporation Property	....	334
Institutions, Business Premises, and Private Property	....	142
Commercial and Occupier Treated	....	271
Statutory Notices	....	1
Intimation Notices	....	216



## STATEMENT SHOWING WORK PERFORMED BY DISINFECTING BRANCH.

Quarter of Year	Dwellings Disinfected	Rooms Disinfected	Removals of Clothing	Disinfections after Pthisis	Beds Supplied	Mattresses Supplied	Persons using Baths in Depot
1st ...	348	891	369	277	—	—	30
2nd ...	420	744	368	448	—	—	23
3rd ...	484	775	366	421	—	—	33
4th ...	385	826	348	365	—	—	19
TOTALS ...	1,637	3,236	1,451	1,511	—	—	105

TOTAL NUMBER OF DWELLINGS VISITED 3,860.

Number of Rooms Infested with and treated for	Number Infested	Number Treated
Bugs ... ..	1,010	1,010
Bugs and fleas ... ..	80	80
Bugs, flies ... ..	1	1
Bugs and other insects ... ..	3	3
Bugs, fleas and flies ... ..	73	73
Bugs, fleas and flies and other insects ... ..	—	—
Fleas ... ..	2,943	2,943
Fleas, and flies ... ..	331	331
Fleas and other insects ... ..	5	5
Fleas, flies and other insects ... ..	12	12
Flies ... ..	7,016	7,016
Flies and other insects ... ..	16	16
Other insects ... ..	378	378
TOTAL ... ..	14,868	14,868

Number of Beds Infested with and treated for	Number Infested	Number Treated	Persons treated for lice		
			Head	Body	Pubic
Bugs ... ..	1,301	1,301	3	—	—
Bugs and Fleas ... ..	80	80	—	—	—
Bugs and lice ... ..	—	—	—	—	—
Bugs and other insects ... ..	—	—	—	—	—
Bugs, fleas, lice and other insects ... ..	—	—	—	—	—
Fleas ... ..	7,454	7,454	—	—	—
Fleas, and lice ... ..	97	97	—	—	—
Fleas and other insects ... ..	1	1	—	—	—
Lice ... ..	180	180	—	—	—
Lice and other insects ... ..	—	—	—	—	—
Fleas, lice and other in- sects ... ..	287	287	—	—	—
Other insects ... ..	298	298	—	—	—
Bugs, fleas and lice ... ..	—	—	—	—	—
TOTAL NUMBER ... ..	9,698	9,698	—	—	—



## OTHER WORKS INCLUDED :—

530 Pig Styes, 163 Manure Dumps, 156 Stables, 32 Cow Sheds, 86  
Boiler Houses.

Ballyowen Sanatorium, in its entirety.

St. Mary's Chest Hospital, in its entirety.

Bethany Home, in its entirety.

St. Clare's Hospital, in its entirety (three times).

Clonskeagh Hospital, in its entirety (two times).

Grangegorman Mental Hospital: Four Kitchens and four Dining-  
halls.

Rialto Hospital: Male and Female Units.

## TIPHEADS TREATED :—

Clogher Road, 6; Broombridge, 6; East Wall, 6; Clontarf, 6.





